MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 5, 6 &7, Film G228 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY AA MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Corpen /d. STREET ADDRESS ree Middle 4. DATE Lost Month Day DEATH 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months LINE DIVORCED Doys WIDOWED TT yrs. 11. BIRTHPLACE (State or foreign country) (lso 14. MOTHER'S MAIDEN NAME rouls aulus

PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Year DECEASED (Type or print) 195 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MALE 100, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Tame 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUF TO** codse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 15 WAS AUTOPSY PERFORMED? none YES NO R 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not white of work of work p. m. 21: I certify that I attended the deceased from 26, 19,7 Sthat I last saw the deceased and that death accurred at 7:15 M.M. from the causes and an the date stated above. alive on LCA ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

director, 20 puo complei popers. ā been signed per prior Pe DIRE should FUNERAL page 0 VS A15 (4) 15M 9/55

with

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A GEORGE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4140 CERTIFICATE OF DEATH

04093

THE TO CENTRAL	Reg. Dist. No.
d. COUNTY MARYLANC	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle OECEASED (Type or print)	Losi 4. DATE Month Day Year OF DEATH 19
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy)  yrs. Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY
Frederick Siebert	14. MOTHER'S MAIDEN NAME
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 as, no. or unknown) [If yes, give wor or dates of service]	. INFORMANT Address
Conditions, if any, which gave rise to immediate case (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACISE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO RRED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County) (Stole
21. I certify that I attended the deceased frame alive an 4 - 22 - 5, 19 5, and that deceased signature.  PHYSIOIAN'S I ORIFE DE L'ARTER DE L'A	ath accurred at 9 P.M., fram the causes and an the date stated above Sign M.D. Sirver, city or Jun., state)
BURIAL, CREMATION, 22b. DATE THEREOF DE PARTIENT REMOVAL (Specify)	PRICEMATORY 22d. LOCATION (City, lown, or county) (Stote)  The Cemetery Elkridge, Maryland
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	reet DATE APR 2 5 '58 245 REGISTRAR'S SIGNATURE

may be retained to hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directory page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 7 hours ofter Agath. TO HOSPITAL OR AFFENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

VS A15 (4) 15M 9/55

Seath. Poge 4

BUREAU V. S.

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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No.

A SECTION AND ADDRESS OF THE PARTY OF THE PA						_				-	
I. PLACE OF DEATH	Arundel	4106			o. STATE			sed lived. If institute b. COUN			
				LAND		rylar			Anne	Arur	rdel
b. CITY OR TOWN (If ou and give regies! town)	Iside cerporole limits, write	RURAL C.	LENGTH OF STAY	IN ID	c. CITY OR IC	II) NWC	gulside cor	porate limits, writ	e KUKAL on	d give ne	aresi lown)
Annapo	115		4 days			2018	117	D.			
d. NAME OF HOSTAL	OR INSTITUTION (II	nat in hospital,	give strøft addres	(5)	d STREET ADI	DRESS	Shore	Actes 1	road		e. IS RESIDENCE
Homer	Jood Nuc	ing Ha	me		201	1000	DE XXX	de Belogie			YES NO
3. NAME OF DECEASED	Firs		Middle		Lost		4. DATE	Mon	th	Day	Year
(Type or print)	CARRIE				ARNOLD		DEATH	April	8	3.	158
5. SEX	S. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8.1	DATE OF BIRTH			9. AGE (In years [out birthday]	IF UNDER		IF UNDER 24 HRS.
Female	White	WIDOWED 🔀	DIVORCED	0 /	bril 15,	188	2	75 yrs.	Months	Days	Hoers Min.
100. USUAL OCCUPATION	(Give kind of work d	one 10b. KIND	OF BUSINESS OR	INDUSTR	11. BIRTHPEAC	E (State o	or tgreign o		12. CIT	IZEN OF	WHAT COUNTRY?
during most of working	1. 1.	Pun	Homo		Whit	Vlan	0		1	1.5	A.
13. FATHER'S NAME	en troi-j	10007	17.0011		14. MOTHER'S	AIDEN N	AME	-	1 4	- 101	11-
Cha	who Mas	4-5			160	nkom	nwo				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		AL SECURITY NO.	17. INE	ORMANT	1/1-7/3	7000	Addres	411-	AS	J. S. W.
IVen, no, or unknown) (If	yes, give wor or dates of t		ne	14	Thomas	s E	An	» H	1-1-	13	2 114
18. CAUSE OF DEATH			I the and to I	1/-	1110211-		7		9/60	Tourse	VAL BETWEEN
	WAS CAUSED BY:										T AND DEATH
1W	MEDIATE CAUSE (0)	Arte	erioscler	otic	Cardiov	ascu	lar I	isease			
4221	DUE TO										
Conditions, if any					.,						N-
(a), claling the un											
couse last.	) (c).					***************************************	Tops				
PART II, OTHER	SIGNIFICANT COND	HTIONS CONTR	BUTING TO DEAT	H BUT NO	OT RELATED TO TH	IE TERMIN	HAL DISEAS	E CONDITION GI	IVEN IN PAR	(T 1(o) 19	P. WAS AUTOPSY PERFORMED?
3										Y	ES NO 🕱
PART II, OTHER	WAS RIBUTING []	DESCRIBE HO	W INJURY OCCUP	RRED. (En	er noture of injur	y in Port	l or Port II	of item 18.)			
ZOC. TIME OF INJURY Hour a.m.	Month, Doy, Year	20d. INJUI	RY OCCURRED 2	Oe. PLACE	OF INJURY (Hor	me, form,	20f. (City	or iown)	(Ca	lunly)	(State)
Hour a.m.	19	While of work	Not while	foctor	y, street, office bl	dg., elc.)					
21. I certify tha				d above	a hald on A	ulonev		nspection x	l la sud	51	and to
				2000		-	-	-	-	-	and in my
opinion death re	sulfed from: N	atural caus	es 2L Accie	dent [	, Suicide [	, n	omicide	[], Undel	ermined	manne	r []
ACTUAL	11/100	1/1/5	25/		CLUES ALPO						DATE SIGNED
SIGNATURE	Ville.	ugoni	92		M.D. CHIEF MED		_	_			
EXAMINER'S			0		ASSISTANT		_	-		1 /2	1-10
NAME (Type) Wil	lliam V. ]	ovitt,	Jr. MaD	).	DEPUTY MI	EDICAL E	XAMINER [	]	0.4.	4/9	/58
22a. BURIAL, CREMATION, REMOVAL (Specify)	276. DATE THEREO	22c.	NAME OF CEMET	ERY OF C	REMATORY		22d. LOCA	TION (City, lown,	or county)	, ,	(Stota)
734rial	19til 11,	1958 4.	Toney Me	othe C	h. (em.		Hro	nold,	Mary	and	
23. FUNERAL DIRECTOR'S	SIONATURE	11	ADDRESS		. 1 24	100	BY REGIST		ISTRAR'S SI	GHAŢUR	5
1/ Hengl	clon	(2/6.2)	1941, WI	8,1	UNI D	ATE	APR 1 4	'58 Q	Whee	such	4

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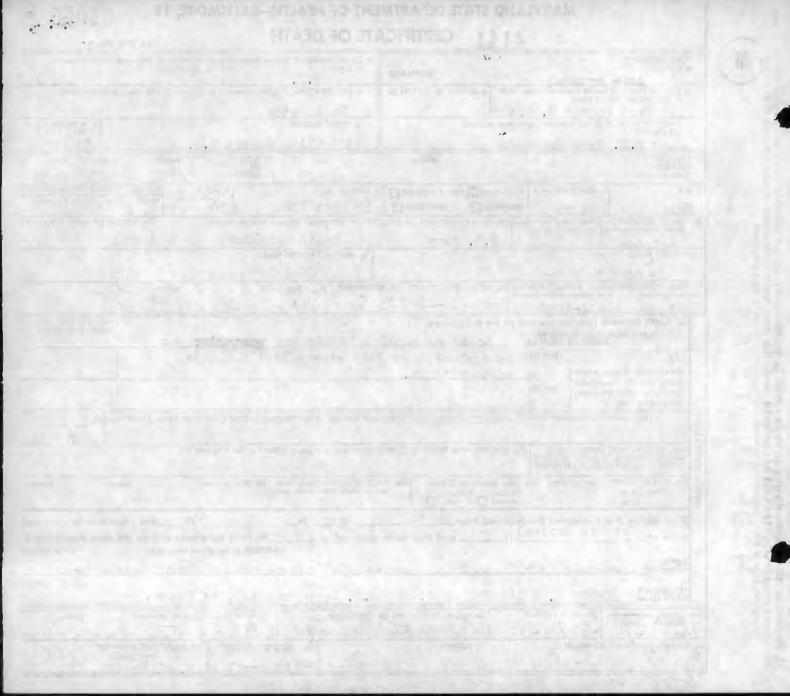
THE PERSON OF TH

16, 2- -

BURRAU V. S.

DECENAED

STATE BYOT



# FOR STATE HEALTH DEPT. Page our files. of Health, y, please TO DEPUTY MEDICAL EXAMINER: This certificate shauld be areavied within 21 hours ofter death. If any delay is nearly execute the certy Tto, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the function of a shauld be for a shauld be for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained forty to FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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Hopping and Ki

Kirkley Glen Burnie,

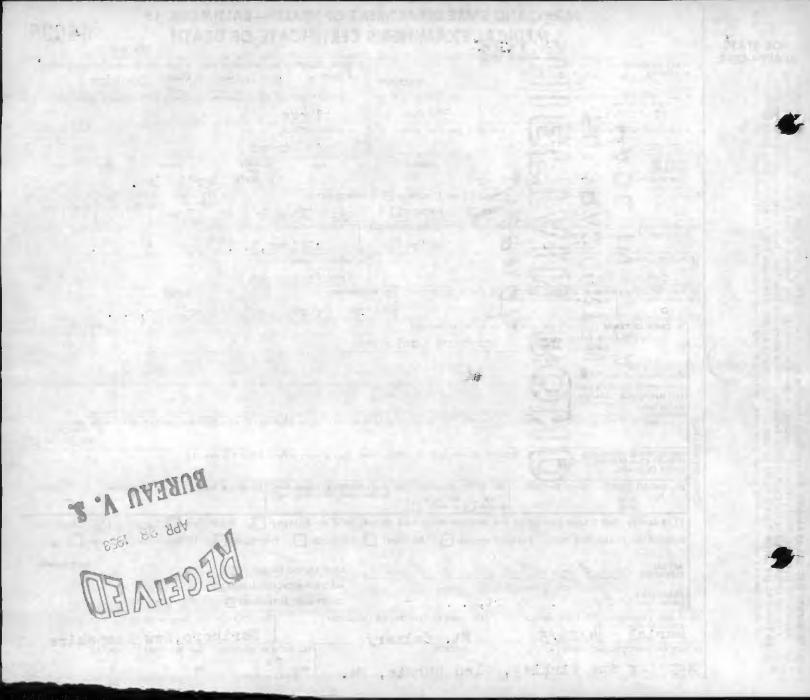
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04096

24a. REC'D BY REGISTRAR

_		1111						Kell r	1121' 140			
J.	o. COUNTANNO Arundel	THE STATE OF THE S	MAI	EYLAND 2	O. STATENEW Har			or Ches			ission)	
-	b. CITY OR TOWN (If outside corporate limits, write and give negret fown) Barbersville	RURAL C. LE	3 days		c. City or town (if	outside corp	1.5	00 -	id give n	earest to	wn)	
_	d. NAME OF HOSPITAL OR INSTITUTION (	f not in hospital.	7		d. STREET ADDRESS	-	60	X - 3		T. 15 P	ESIDENC	
	Barbersville Trailer				Main Stre	eet				YES N		
	NAME OF DECEASED (Type or print) Charles Bea		Middle		Last	4. DATE OF DEATH	April 2		Doy		ear 9 5	
5.	SEX 6. COLOR OR RACE		NEVER MARRI	ED [ 8. D/	ATE OF BIRTH		9. AGE (in years	IF UNDE	RIYEAR	-	ER 24 HR	
	M W	WIDOWED A	DIVORCED	Brand	6/16/34/8	74	last birthdoys 83 yes.	Months	Days	Hours	Mîn.	
10e	a. USUAL OCCUPATION (Give kind of work of during most of working file, even if refired)  Lumbar Busir		Retire)		Sullivar			12. CI1	USA	F WHAT	COUNT	
13.	FATHER'S NAME		(		. MOTHER'S MAIDEN N				0.072			
	Edward Beauregard				Sophie Broo	oks						
	WAS DECEASED EVER IN U. S. ARMED FO		L SECURITY NO	). 17. INFO	The state of the s	2100	Address	1		alengo		
114	n, ma, as unknown) [(If you give wor or dates of	Imarce)		Euger	ne Beauregan	rd.(sc	n)Marlho	ro.N.	H.			
	18. CAUSE OF DEATH [Enter only one course PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coror	, (b), and (c). ] lary Occ						INTER	AND DEA	ATH	
CATION	Conditions. If ony, which gave rise to immediate couse (a), staling the underlying couse last.  PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEA	TH BUT NOT	RELATED JO THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(0) 1	9. WAS	AUTOPSY RMED?	
CERTIFICAL	20g. EXTERNAL CAUSE WAS PRIMARY   0 or CONTRIBUTING   CAUSE OP DEATH.	b. DESCRIBE HOW	/ INJURY OCCL	JRRED. (Enter	r noture of injury in Port	f or Fort fl	of item 10.)		)	res 🔲	№ Д	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yee Hour a. m., p. m. 19	While	OCCURRED Not while of work		OF INJURY (Home, form, street, office bldg., etc.)		or lown)	(Co	ounty)		(Stole)	
	21. 1 certify that I taak charge opinion death resulted from: hactual signature from the signature of the si	Natural cause	s D. Acc	ident [].	Suicide [], H	Iomicide  AMINER []  L EXAMINE		ermined	ry 🔼,		d in m	
270	BURIAL (Specify)  BURIAL (Specify)  ##/28/58	27c. N	NAME OF CEME			27d. LOCAT	ION (City, lown,			(State		
23.	FUNERAL DIRECTOR'S SUNATURE		DDRESS	vary	24a. REC'D	BY REGISTI	Lboro, N	STRAR'S SI	GNATUI	BM11	ce	

VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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4143 CERTIFICATE OF DEATH

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_	Disk	8.1					

		oth with	~ •					MARY PAIR	110.	
1. PLACE OF DEATH o COUNTY	nne Arunde	7	MARYLAI	- 11	USUAL RESIDENCE (M	there decease	d lived. If instituti b. COUNTY			
	outside corporate limi		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		vote limite waite 9			e City
RURAL and give ne	sville, Md	•	3ys,10mos,6	11	· ·	altimor		5 .		,
d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	oddress)		d STREET ADDRESS			-	e, 15	RES DENCE
Cro	wnsville S	tate	Hospital		1645	Bakebt	ry Court			S NO K
3 NAME OF DECEASED (Type or print)	F433		Middle		Lost	4. DATE OF DEATH	Mor	th	Day	Year
	Lill		Mae	- 1- /	Bennett	DEATH	4	LIE LIN IN FO. I	10	19 58
5. SEX		VIDOW	RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)			JNDER 24 HR5 ours Min.
Female	Negro		KIND OF BUSINESS OR I	27	7/23/09		48 yn	110 (12)	TEN OF W	
during most of work	ing life, even if retired	oone Ivo.	KIND OF BUSINESS OR I	NDUSIK			ountry)			HAT COUNTRY
Waitre	88				Maryland			U.	. S	A
13. FATHER'S NAME	_				14. MOTHER'S MAIDEN	NAME				
	orge Benne				Lottie Form	rest				
15 WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s		SOCIAL SECURITY NO	17, 1NFC	DRMANT		Add	ress		
No			215-01-3731	Hos	pital Recor	rds				
18. CAUSE OF DEA	TH Enter only one co	iuse per li	ne for (a), (b), and (c).]							L BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	11	Uremia						ONSEL	AND DEATH
592X	DUE TO	,								· · · · · · · · · · · · · · · · · · ·
Conditions, if or	ıy, which ) (b	, C1	hronic Glume:	rulo	nephritis					
gave rise to in	nmediole (									
cause (a), stating t lying cause last.	ne under-	4								
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	VAS AUTOPSY
E Chronic B			associated w						PE	ERFORMED?
200 ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter nature of injury in	Part Lor Par	1 II of item 18.)	CCTGEI	10	- IAI
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							~~~~		
	f Month, Day, Ye			e PLACE	OF INJURY (Home, for y, street, affice bidg , el	m, 20f. (City	r or lown)	(Ce	ounty)	(State)
Hour o m.	19	White of wor	k Ol work	10000	y, tireer, tirrice blog , er					
21. I certify the	at I Attended the	deceas	ed from July		. 19.56 , to Ar	ril 10	19.58	_,that 1 le	ast saw	the decease
alive an Ap	rxy 10 W	12.5	58, and that de	eath a	corred at 10:3	Oaw, fran	n the causes o	and an the	e date s	tated abay
^>		96	1////				lreel, city or lown,			DATE SIGNE
ACTUAL SIGNATURE	well (	MILL	My / Papp.	M.D	Crowns	ville,	Md.			4/10/58
PHYSICIAN'S L	ionel McHe	nry l	Mapp. M. D.		Crowns	ville	State Ho	spital	. Md.	
220 BURIAL, CREMATIQUE			22c, NAME OF SEMETER	RY OR C			TION (Cyly, Iown,			(State)
SEMOVAL (Spec.ty)	4/15/	58	Malto ne	utt	Cem.	Bu	16 m	W.		(31016)
23. EUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	y.	24a. REC	D BY REGIST	TRAR 246 REGI	STRAR'S SIGI	NATURE	
aculles	Hurrous	- 0	12 (audel	less	LU' DATE	2215 '	58 (83	- 2 The	400	
	7		Balto	m	ol .			- Abril -		

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offs may be retained but he haspital or ottending physician.

TO FUNERAL DIRE

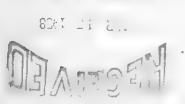
R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be escaped for use as the burial-transit permit. Then please remove carbon papera. Pages 1 and 2 shuther registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57

tha runeral director, should be filed with

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death. Page 4

BULLAU V. R.



ARYLAND	STATE	DEPART	MENT OF	HEALTH-	-BALTIMORE,	18
-					· ·	

11111 CERTIFICATE OF DEATH

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04099

. . . . .

_			<u> </u>	4					Reg. Dist	. No.	
1, PL	ACE OF DEATH		_			2. USUAL RESIDENCE (Who STATE	ere deceased				
	A	nne Arundo	1	MARYLI	AND	Maryl.	and	b COUNTY	Balti	more	City
Ь	CITY OR TOWN (IF RURAL and give ned	outside corporate lim	ts, write	c. LENGTH OF STAY IN	ч 1Ь ∥	c. CITY OR TOWN (If o	utside corpor	rote limits, write RU	RAL and gr	ve nearest h	own)
	An .	ille, Md.		10mos, 17da	ys	Baltimo	orie	V			
d.	OR INSTITUTION	AL (If not in hospital, o				d STREET ADDRESS				e. IS	RESIDENCE
	Crownsvi	lle State	Hosp:	ital		506 W. I	West S	itreet			NO D
	AME OF CEASED	Fi	's I	Middle		Lost	4. DATE OF	Mont	h	Day	Year
	(pe or print)		pton			Berger	DEATH	4		27	19 58
5 SE)	K	6 COLOR OR RACE	7. MAR	RIED NEVER MARRIED	图 8	DATE OF BIRTH		9 AGE (In years ligst birthday)			NDER 24 HRS.
	Male	Negro	WIDOW	ED DIVORCED		6/7/1897		60 yrs.	Wonths L	Days Hou	es Min
6a. t	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (State	or foreign co	untry)			AT COUNTRY
<u>{</u>	Laborer				-	Virginia			U.	S. A.	,
13. FA	THER'S NAME					14 MOTHER'S MAIDEN N					
	Seth	Berger				El	.vira l	Finney			
15. W (Yes, n		IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 IN	FORMANT		Addre	255		
9.7	Yes	I W.			Но	spital Record	is				
21	8. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c) ]						INTERVAL	BETWEEN
		H WAS CAUSED BY.	1	Bronchopneur	noni	a					ND DEATH
	4 11 1	DUE TO								D WEE	KD
	Conditions, if an	y, which ) (k	١								
	gove rise to im Couse (a), stating t	mediate ( Dur To	•					-			
	lying couse lost.	) (c	)								
Z	PART IT OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART	1(o) 19. W/	AS AUTOPSY REORMED?
S S	Chronic	Brain Syno	irome	associated	wit	h Arterioscl	erosie	3			NO [
CERTIFICATION	Oa ACCIDENT WAS OR CONTRIBUTING I FEITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in F	ort I or Part	II of item 18.)			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Month, Day, Ye	or 20d I	NJURY OCCURRED 2		CE OF INJURY (Home, form,		or town)	(Co	unty)	(\$late)
MEDICAL	Hour o.m.	19	While of wor		1gcle	ory, street, office bldg., etc.	1				_
~   E		at Lattended tha	docoor	ed from June	10	. 19 57 to Ap	ril 27	10.58	M 1-		he decease
	live on Apr	il 27	. 19	58 and that d		accurred at 8:30A			,that i la	11 MDS 121	ne decease
"	.70	0 110		did that o	eum (			reet, city or town, s		e aate st	DATE SIGNE
A	CTUAL CHILL	alelata N	eni	& Klim-		o. Grownsyi			,	1./29	3/58
)	IGRATURE Y	1		1 9000		bMCOMINSUL	المار و عکالما	754 e		197_65	7.29
	HYSICIAN'S HI	ldegard He	eard	Reissmann,	M. I	. Crownsvil	le Sta	te Hospi	tal, 1	Md.	
22o B	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY C	22d. LOCAT	ION [City, town, or	county)	(S	State)
13	THOYAL (Specily)	april-2	0,+1	Baltinia	RE	MATIONAL	40	of.	mo	,	
23 EU	NERAL DIRECTOR'S	SIGNATURE		ADDRESS	- Autorit	24a. REC'U	BY REGIST		TRAR'S SIGN	VATURE	
10	harlen	B. Pan ?	10.2	munde-	do	DATE MI	Y 1 '	58 CW.	Leau	ich	



CERTIFICATE AMERIMARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **EXAMINER'S CERTIFICATE OF DEATH** cremoliar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY **b.** COUNTY MARYLAND c. LENGTH OF STAY IN 1b 706 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH S. SEX 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 6. COLOR OR RACE 9. AGE (In years WIDOWED [ DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY or foreign country! during/most of working life, even if retired) HOUSEW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 404:4 **DUE TO** with Conditions, if any, which gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or town) DEPUTY MEDICAL EXAMINER: foctory, street, office bldg., etc.) While Not while g. m. 19 at work of work p. m. elfarge of the remains described above, held an Autopsy [], Inspection krit OR: death resulted from Accident Suicide Natural causes Hamicide , Undetermined cause ACTUAL " CHIEF MEDICAL EXAMINER ō Ö forworded to D FUNERAL 1 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINEN 220. BURIAL, CREMATION, 22b. DATE IMEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR VS. A15ME(S) DATE APR 3

Rea. Dist. No.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

e. IS RESIDENCE ON A FARM? YES T NO

Days

Day Year

IF UNDER TYPAR Months

19 J IF UNDER 24 HRS.

112. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN

PERFORMED? YES IT

(County) (Stote)

Inquiry and find that

(Stote)

**BATE SIGNED** 

24b. REGISTRAR'S SIGNATURE

5M 9/55



DECENAEU

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



, š

VS A15 (4) 15M 9/55

	4146 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 04102
)	1. PLACE OF DEATH 0. COUNTY Ghne arvndel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution as STATE Maryland b. COUNTY	Residence before admission)  Qune avoude
	b. CITY OR TOWN (If autside carporate limits, write RURAL-and give nearest town)  CTIEN BUILLE  GIWAYS	R+ 1 Box 310 G	Ten Bornie
	d. NAME OF HOSPITAL (If not in hospital, give street address)  PLAZA MULLOR HUYSING HOWE	FUNNACE Branch &L	CE Day YES NO D
	3. NAME OF DECEASED (Type or print) Tames Oliver	Brady DEATH Mon	12 1958
	5 SEX Male 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  6-6-/879  9. AGE (In years lost birtheday)  yrs.	Months Days Hours Min.
1	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	aune avondel	U. S.Q.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dotes of service)	Jeanette Dovsey	ess
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CONONUMY	Thrombosis.	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which) DUE TO  (b) #Y tevio se	lovotic Gardio Vosuvlu	v Diseuse
		Vagevlar Insoficien	iry
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  TOUR OF PARE DO THE EXTYPEM TO  OR CONTRIBUTING CONDERLYING CONTRIBUTING COURSE  OR CONTRIBUTING CONTRIBUTING COURSE  OR CONTRIBUTING CONTRIBUTING COURSE  OR CONTRIBUTING	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVES	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D
		ED. (Enter noture of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while at work of work	ACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased from 4-8 alive an 4-10, 1908, and that death		that I last saw the deceased and an the date stated above.
	ACTUAL Februs Freuers	ADDRESS (Street, city or town,	
	PHYSICIAN'S NAME (Type) Febus GA	vuberg	
	REMOVAL (Specify) 4/15/58 Ffaill, 1	OR CREMATORY 22d. LOCATION (City, 10wn, o	or county) (State)
	23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ACTION OF THE PROPERTY OF THE PROPE	240. REC'D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AZ. " Ve. , " wee " Traine Breek - 1279 61.66 Elice = : : " , Barres . See '21 8. 502 50 " Alei / 6002 chi Tibi Fiin 2016 Buchespa Hoth retions tob slight . It iss 8 1 Promote in his his

Reg. Dist. No 4104 CERTIFICATE OF DEATH filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest towns MAPOLIS 2 should d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? UNDER YES NO RNNE pup NAME OF 4. DATE Middle Day Month Year DECEASED OF DEATH (Type or print) PRUL 1955 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SSES ELEWA Parvil) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SEUERE IMMEDIATE CAUSE (o) **DUE TO** REMATURIT permit. Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. n. While Not while at work at wark p. m. 1958, that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death occurred at 4 CEAM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior 3 should PHYSICIAN'S NAME (Type) the registrar TO FUNERAL 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY SEATION ICity, town, or conpage VERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR GISTBAR'S SIGNATURI 245. DATE APR 2 9 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU K. R.

8361 67 AGA

Erwick 4-26-58 Breuser All Commo

#### 4147

7	CERTIFICATE OF DEATH	Reg. D
	CERTIFICATE OF DEATH	Re

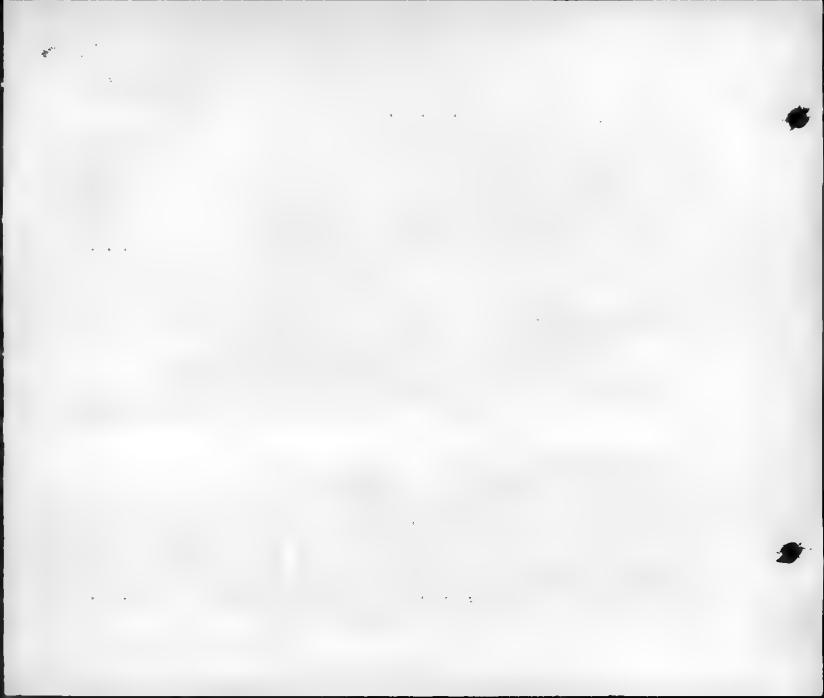
1. PLACE OF DEATH COUNTY Anne Arund	el		M	ARYLAND	2. US	STATE	aryla		lived. If institute b. COUNTY			re admiss	ron}
b CITY OR TOWN (I	f autside corporate limi	ils, write	c. LENGTH OF S	TAY IN 16	C.	CITY OR TO	o II) NWC	utside corpor	ole limits, write R	URAL ond	give nec	prest fown	1)
	e. Marvlan	d	25yr.10m	.29d.		Willo	WS		com n				
	AL (If not in hospital, p		address)		d	STREET AD	DRESS						FARM?
Crownsville	State Hos	pita	l, Maryla	nd							1	YES [	NO 🔀
3 NAME OF DECEASED (Type or print)	Amelia	rst	Mic	ddle	F	Brown		4. DATE OF DEATH	Mor		31	,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MA	RRIED DO	-	E OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR		
Female	Negro	WIDOW	_	RCED T	/	/ 81/	1		lost birthdoy) 70 yrs	Months	Days	Hours	Min
Tog USUAL OCCUPATIO	N (Give kind of work	donel 10b.		S OR INDU	JSTRY 1	1. BIRTHPLA	CE (Stote	or foreign co		12. CI	TIZEN C	OF WHAT	COUNTRY
during most of work	ing life, even if retired	"   _							**	T	ī e	4	
Housework					14	MOTHER'S	land	IAME			J.S.	A.	
	-				,-			APDVIL.					
Joe Brow		0500 01		110	10.1500.00	Nancy							
(Yes no or unknown)	R IN U.S. ARMED FOR (If yes, give wor or date, of i	(CESY 16.	SOCIAL SECURITY		INFORM		_		Add	lress			
No				_	Hos	pital	Reco	rd					
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ine for (a), (b), and	(c) ]								ERVAL BE	
PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	, E	Dehydratio	on and	i Ur	emia					OIV.	)EI AND	DEATH
44°X	DUE TO	)											
Conditions, if or	ov. which ) "	Hy	pertensiv	re C_r	dio	vascu	lar R	enal I	)isease				
gove rise to it	mmediate (	)]											
tying couse lost.	the under-	Ph	aryngitis	s and	0es	ophagi	ltis						
	IER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	T NOT R	ELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PA	2T 1(a) 1	9. WAS	AUTOPSY
ICATIC		_						· · · · · · · · · · · · · · · · · · ·			(*/	PERFO	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	ED (Ente	er noture of	injury in F	Part I or Part	(I of item 18 )				
ZOc. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. Pl	ACE O	F INJURY (H	ome, form	20f. (City	or town)	(	(County)		(State)
Hour o.m.	19	While			clory, s	treet, office	bldg, eic.	'i _					
						56	. A.	.17 00	- F*F				
21. I certify th	at Attended the	deceas				, 19 20	to_Ap	<u> </u>	19_58	£,that l	last so	aw the	decease
alive on Apr	71/20-11	10, 1/2-	58 , 3/9 11	hat death	h occu	rred at 4			the causes o		he da		
1		$\mathcal{J}/\mathcal{O}$	- 116	U				ADDRESS (Sir	eet, city or town,	stote)		DA	ATE SIGNE
SIGNATURE	come vix	71 W	W7/1/74	7	MD.	Çrç	wnsv	ille,	Maryland	1		4/3	0/58
PHYSICIAN'S L.	Lonel Moder	ry M	app. M. I	5.		Cro	wnsv	ille S	tate Hos	spital	L, M	d.	******
220/BURIAL) CREMATIO	N, 226 DATE THEREC	OF	22c NAME OF	EMETERY C	OR CREA	MATORY		22d LOCAT	ION (City, town,	ar county)		(Stole	el
REMOVAL (Specify)		58	Pour	1 D	1157	-			west	-,,			-
23. FUNERAL DIRECTOR'	S SIGNATURE	_	ADDRESS	-			24a, REC'I	D BY REGISTI		STRAR'S SI	GNATU		V-1
20 -	Sawel	l	Pinner	( c	20		DAMAY	7 '52			,		
E and a second		-	1.1 1.1.1.1.0	W77.	_(1)	11118	DAIRAL	1 0	B R Jo For S	- R. N. A. L.	110		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs off cath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted with the registrar prior ta burial, crematian, or remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 10/57



VS A15ME BM 2 '57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 04105

1 PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceas			fore admission)
Anne A	rundel	MARYLAND	o. STATE Mary	land	b. COUNT	Anne Ar	undel
b. CITY OR TOWN III outs de corp and give nearest fawn)  Parole	orate limits wire RURA. C. LE	ENGTH OF STAY IN 16	c CITY OR TOWN	(If outside corp	orate hmits, write	RURAL and give n	nearest town)
d NAME OF HOSPITAL OR IN	ST TUTION (If not in hospital,	g ve street address)	d. STREET ADDRESS			· <del>-</del>	e IS RESIDENCE
31 Carver	Street		31	Carver	Street		YES NO
3. NAME OF	First	Middle	Lost	4 DATE	Mont	h Day	Year
(Type or print)	DAVTD	E	ROWN	OF DEATH	April	21.	1958
5. SEX 6. COLO	OR OR RACE 7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH		9. AGE  In years	IFUNDER TYEAR	IF UNDER 24 HES
Male Co.	lored   WIDOWED []	DIVORCED [			49 yes	Months Days	Hours Min
	Brown	rBluff C	TOLLE SINTHERACE (SIGNAL)	nyle	Maries Maries L300	12. CHIZEN O UIS Mal	WHAT COUNTRY
18 CAUSE OF DEATH (Enter	only one cause per line for (a)	), (b), and (c), ]	merce		-		TAL BETWEEN
PART I, DEATH WAS C	AUSED BY: Descrip	chopneumoni	a.			ON51	ET AND DEATH
1191X	TE CAUSE (o) DE OIL	ion de la comocar.		100-1-10-1			
Conditions, if any, which							
gave rise to immediate caus	• ( )						
(a), stating the underlying	(c)						
PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASI	CONDITION GIV	11	9. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION CAUSE OF DEATH.	G DESCRIBE HOW	V INJURY OCCURRED (E	nter nature of injury in P	ort I or Part II	of item 18 )		
20c. TIME OF INJURY Mo Hour e. m. p. m.	nth, Doy, Yeor 20d, INJURY White at work	Y OCCURRED 20e. PLAC Not while at work	E OF INJURY (Home, fory, street, office bidg., e	orm, 20f. (City	or town)	(County)	(State)
21. I certify that I to	ok charge of the remo	ins described obo	ve, held on Autor	psy 🔼 In	spection []	Inquiry 🔲	, and in my
opinion death resulted	from: Natural cause	s 🗷 . Accident	, Spicide ,	Homicide	. Undele	rmined monne	er 🔲
1,1	11.1	nd -					
SIGNATURE	han V Book	XX	M.D CHIEF MEDICAL	EXAMINER [			DATE SIGNED
EXAMINER'S NAME (Type) Will	iam V. Lovitt,	Jr., M.D.	ASSISTANT MEDICA		-	<b>E/22/48</b>	
220. BURIAL CREMATION, 226. 1 PEMOYAL (Spec to) 4	25-1958 K	NAME OF CEMETERY OR	CREMATORY - HILL	nd LOCAT	TION (City, town,	etwo 1	(State)
23. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	9 7 / 240. RE		RAR 246/REGI	STRAR'S SIGNATU	3F
Um Breezett	108 Wash St	MIMMA	MIC DATE	APR 2 3	'58   LU	heruel	

TA ANJETY UP SECTIVE LAU.

VS A15 (4) 15M 9/55

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di	ø,	К		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4110 CERTIFICATE OF DEATH

eq. Dist. No. 04106

							wear bist.	140.
1. PLACE OF DEATH 0. COUNTY A	ine Arundel	MARYLA	11 0 53	AL RESIDENCE (WATE Maryland	ere deceased liv	red If instituti 6 COUNTY		before admission)
RURAL and give r		c. LENGTH OF STAY IN	l lb e. C	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)			e nearest lown)	
	napolis			Green Ha	ven			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st Annapolis Ge	neral Hospita	al   / d. S	TREET ADDRESS		Λ		o. IS RESIDENCE ON A FARM? YES NO
				<u>llth &amp; O</u>	utrus '	n enue		
3 NAME OF DECEASED (Type or print)	First Leo	Middle J.		losi Brown	4. DATE OF DEATH	Mor		Day Year I 19 58
								- 1, 70
s. sex male	1	MARRIED NEVER MARRIED	_  .  una	24,1891	66	AGE (In years lost birthday) yrs	Months Do	YEAR IF UNDER 24 HRS
		10h KIND OF BUSINESS OF	INIDUSTRY 11	DIDTUDIACE Krate	or foreign count		112 CITIZE	N OF WHAT COUNTRY
	rking life, even if retired)	Gold Course		ohnstown				.S.A.
13. FATHER'S NAME				THER'S MAIDEN N		, ,		
J	unknown			Division o management	_	nown		
	ER IN U. S. ARMED FORCES?		17. INFORMA	NT		Add	rest	
(Yes, no, or unknown)	(If yes, give war or dates of service)		Anna T	. Brown,	Pasade	ena. Ma	arvland	d
10 CAINS OF DE	ATH [Enter only one cause p	and the district of the state o						
	ATH WAS CAUSED BY:	The second second second	Tion	ر				INTERVAL BETWEEN ONSET AND DEATH
177%	DUE TO							23 67 24 3 -3
	gove rise to immediate (b) MFTA STIGTIC CHICCINUMA PROJECTE CARROLLE							
couse (o), stating lying couse lost.	the under-							
PART II. OT		ONS CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	VEN IN PART I	(o) 19. WAS AUTOPSY
PART II. OT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					PERFORMED? YES NO -		
20c. TIME OF INJU Hour o. jr.	10 V	Od. INJURY OCCURRED 20 While Not while twork of work	De. PLACE OF II factory, stre	NJURY (Home, farm, et, affice bldg., etc.	, 20f. (City or	lown)	(Cou	unly) (Stole)
21. I certify t	hat I attended the dec	ceased from 3//		19.5  ta	412	12:53	that I la	st saw the decease
alive an	3/3/	$125 \sqrt{}$ , and that d		ed مادیکندرکماه	≥M, fram t	he causes o	and on the	date stated above
ACTUAL SIGNATURE	July 1	About	2/ 40	41.7	ADDRESS (Stree	t, city or town,	stote)	DATE SIGNE
PHYSICIAN'S NAME (Type)	P	7/6		1 mg	ed po	1/2	-45	
	1001 0.00 0.000							
REMOVAL (Specify	ON, 226. DATE THEREOF	Glen Haver			6 10	N (City, town,		(Stole)
23. FUNERAL DIRECTO	P'S SIGNATURE	ADDRESS		- 32	D BY REGISTRA		STRAR'S SIGN	
		217 st. aul 8	Street	DATE			1	- 1
				DATE 434	-1 - 00	- LEEK	1123	4 1

BIREAU V. &

DIACTOS(1

Kirkley, Glen Burnie,

DATOR 1

VS A1S (4) 15M 9/SS

death certificate

BULEAU V. S

.. ,, adA



Ellsworth Armaeost-4600 Liberty Hights. Ave. DATE

Lorraine Mausoleum

e. 15 RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

Heddy

PERFORMED? YES NO A-

(State)

DATE SIGNED

(State)

Maryland

Baltimore,

240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Days

USA

ON A FARM?

YES TO NO TX

58

0 **VS ATS (4)** 1SM 10/57

Emtombment 4/9/1958

OBATTO TO

BUREAU V. E.

M

04109

L	F 4112 CERTIFICA	AIE OF DEATH	Reg. Dis	t. No.
	ACCOUNTY AFRICA A YOUNGEL. MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institutions Residence b. COUNTY	te before admission)
	CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)  Au N 2 Po L 1 S Md 2 /2 C	c. CITY OR TOWN (IF outsi	de corporate limits, write RURAL and g	ive nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) - OR INSTITUTION  A YUNDER TO MENTITUTION	d STREET ADDRESS	mil	IS RESIDENCE ON A FARMS YES NO
3.	NAME OF DECEASED Type or print) Baby GIVL Buttery	lost 4.	DATE Month OF DEATH H-/4-5	Day Yeor
5.	6. COLOR OR RACE 7. MARRIED MEVER MARRIED WIDOWED DIVORCED	April 14, 19	Land to take the state of the s	Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	A. A.	foreign country 12. CITI	ZEN OF WHAT COUNTRY?
	Hedrow Bulline	14. MOTHER'S MAIDEN NAM	Elipobeth	Headles
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	FORMAND A	ButtRill	#2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ow fail	Zure,	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) (b) (b)	Den	iol of Pus	22 lung
	gove rise to immediate couse (a), stating the underlying couse last.	predi	Quinal.	
ICATION	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	/		1(0) 19. WAS AUTOPSY PERFORMED? YES 1 40
L CERTIF	206 ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part	t or Port II of Item 18 )	٨
MEDICA		ACE OF INJURY (Home, form, ctary, street, office bldg, etc.)	20f. (City or town) (C	ounty) (Stole)
	21. I certify that I attended the deceased from APRILIS	4 , 1957 , to AP	RIL14, 195 Shaill	ast saw the deceased
	actual SIGNATURE PORO PROPERTY OF THE SIGNATURE		W, fram the causes and an th	DATE SIGNED  MUL H-14:5
	PHYSICIAN'S Robert R. HA	HN:		
4	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	OR CREMATORY 22	CAUCATION (City, town, or county)	(State)
23	UNERAL DIRECTOR'S SIDNATURE ADDRESS	240. REC'D B	Y REGISTRAR 216 REGISTRAR'S SIG	NATURE

APR 1

DATE

VS A15 (4) 15M 9/55



8561 LI No.

BUREAU V. S.

Filed

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year 20d. INJURY OCCURRED While Not while, at work at wark

foctory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, farm, 20f. (City ar town)

(County)

Athat I last saw the deceased

(State)

(State)

e. IS RESIDENCE ON A FARM?

Haurs

U.S.A.

LUK

PERFORMED?

YES NO [

Day

YES NO PA

Year

21. I certify that I attended the deceased from. alive on\_

Month,

\_, and that death occurred at 10 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

**ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type)

20c. TIME OF INJURY

Hour a. ft.

p. m.

PLACE OF DEATH

17:220

o. COUNTY

NAME OF

5. SEX

DECEASED (Type or print)

0 370

13. FATHER'S NAME

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR GREMATORY

\$2d. LOCATION (City, tayn, or county)

246 BEGISTRAN'S SIGNATURE

23. ELINÉRAL DÍRÉCTOR'S SIGNIATURE

**ADDRESS** 

24a, REC'D BY REGISTRAR

'58 DATE

VS A15 (4) 15M 9/55

BUREAU

TECEDA!

Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o COUNTY o STATE **b** COUNTY MARYLAND Anne Arundel Maryland Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Crownsville.Md. Chapel Oaks d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1111 54 th Ave Crownsville State Hospital Md YES NO NAME OF Rogerini DECEASED Chase (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8 DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) Male Months Days Negro WIDOWED A 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? Parking lot attendant Unknown USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Chase Jenny Chase 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Unknown Leon Roger Chase, son, Chapel Oaks Md CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Aortic Insufficiency IMMEDIATE CAUSE (6) **DUE TO** Syphilitic Cardiovascular Disease Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YOU IP, WAS AUTOPS PERFORMED? YES A NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (\$lole) factory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from March 19.54, to April 4 19.58, that I last saw the deceased A and that death accurred at 10:20 M fram the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** Crownsville Md. PHYSICIAN'S NAME (Type) Lionel Mapp M. D \_\_\_Crownsville.kd\_\_\_\_ 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) Lincoln Memorial Maryland 24a. REC'D BY REGISTRAR- 24b

0 VS A15 (4)

15M 10/57

ELEEVA K &

DECENAEN

78 1 "

BUNEAU V. R.

8361 S S .

DELVER

V 1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
λ	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 04113
I POR STATE	Item lu Fil	m0228 5=13=58 et. Reg. Dist. Ne. 1 1 1 1 1
HEALIH DENT.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
8 8 × ±	o. COUNTY nne Arundel MARYLAN	Same Same
4の高い	b CITY OR TOWN (If out de corporale limits, will BURA C LENGTH OF STAY IN 1 and give regret fount)	C CITY OR TOWN (If outside carparate lim'ts, write RURAL and give nearest town)
30	Pasadena P.O. 1 year	Same
dr. y	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	AND STREET ADDRESS TE IS RESIDENCE
80 B (1/1)	ay Side Brach Rd.	Same YES NO NO
ay ner oine ark	3. NAME OF First Middle DECEASED	Lost 4 DATE Month Day Year
del	(Type or print) James Cherry (Alias. Stanuslaw J	Wisnieswski) OFATHApril 21st 19 58
ory or the office	5. SEX 6 COLOR OR RACE 7- MARRIED NEVER MARRIED	B DATE OF BIRTH 19 AGE IN YOUR THEAT IF UNDER 24 HE
3 th may with	M WIDOWED [7] DIVORCED [7]	12/4/85 To yes, Months Days Hours Min.
hord S	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	
2. 2. de 69. de	during most of working life, even if retired) Retired Farm Hand	
#	13. FATHER'S NAME	Poland, Europe. USA
MG Wile		
T Per	Jacob Wisnigwski 15. was deceased ever in u. s. armed forces? 16 social security no 17	Unknown Address
2 9 g m &	(Yes, no, as waknown)   (If yes, give wer as dates of service)	
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ernest Sherry, (nephew) 3554 Dudley Ave. Balt. Md
ng mg	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) }	INTERVAL BETWEEN
is a land	PART I DEATH WAS CAUSED BY: Suffocation by S:	moke. Sudden
Tan ran	916,0 DUE TO	
\$ 50 O E	Canditions, if any, which (b)	1
or a de la	gove rise to immediate couse DUE TO	
in a series	cause lost. (c)_	
d as	PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
fica pen gae	PART H. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING DECREE HOW INJURY OCCURRED LOCAUSE OF DEATH.	AEP 🗌 NO 💟
The State of the s	F 200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED LOCASED WAS TRADD	od in his home and overcome by smoke caused
word bind		a rug and clothings.
The same	3 20c. TIME OF INJURY Month, Day, Year" 20d. INJURY OCCURRED 20e F	LACE OF INJURY (Home, form, 1201, [City or town) (County) (State) sciory street, office bldg, etc.)
NEW Se P	Hour om 4/21/58 19 While Not while of work of work	Home Pasadena A.A. Md.
Marie San	21. I certify that I took charge of the remains described a	pove, held on Autopsy , Inspection X, Inquiry X, and in my
2 E E	opinion deathgresulted from: Natural causes [], Acciden	
2 S		Di catalogia di ca
S F F F F F	SCHATTER Rustone Whanberth	CHIEF MEDICAL EXAMINER [
MET CE	SIGNATURE ASI SECTION ASI	ASSISTANT MEDICAL EXAMINER
JTY 1	EXAMINER'S Gustave H. Faubert, M.D.	DEPUTY MEDICAL EXAMINER (\$\frac{1}{2} \tag{1/22/58}
2 5 7 Z	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	
P She	REMOVAL (Specify)	(31018)
5 . 5	23 SUNERAL D RECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
VS A15ME	Lea A Land Will Bit 1	SAMI DATE APR 2 4 58 (000 / ~/
BM 2.57	1100400 12000 HOOI WILCHIE H	DATE
	Balto, 25, m	d

RUREAU. V. R.

DATE :

4114 CERTIFICATE OF DEATH

Reg. Dist. No.

04114

	1. PLACE OF DEATH O. COUNTY A A CO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  A IV NAD CL /-  DAV 5	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ANNE ALVNOEL GENERAL	d. STREET ADDRESS  ON A FARM?  YES NO
	3. NAME OF DECEASED (Type or print) M L TON COLUM	Dus Colper DEATH Apr, 14 1958
	MALO COL WIDOWED DIVORCED	8. DATE OF BIRTH  Sept. 3-1909  9. AGE/In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min   Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  LADUTET CITY OF ANNAPOLIC	ANNAPOLIS-Md.
1	RICHATE A, COLDET	MATEATET COOK
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. I (15 yea, give wor or dates of service) 216-28-9953	AMES COLDETT-15 CARVER ST.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	CANCE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse lost.  (b) Otopice Let	mellitus (morn terles d'ignoser 4-13:58
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES  NO
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of Item 18.)
	Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. st. p. m. 19 While at work of work	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from /-/2 alive an /-/3 , 12 5 9, and that death ACTUAL SIGNATURE 2 SLATL / Paraller	accurred at 2 2 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 45 TSDMCRGM ST MMG 4-15
/	PHYSICIAN'S EDITH RODLER U.	1 mar no lis, les
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BUTIA STORY	R CREMATORY 22d. LOCATION (City, town, or county) (State)  HILL ANNAPOLIS - M.C.
	23. FUNERAL DIRECTOR'S SIGNATURE CHARLES - E. HICKS HANNAPOLI.	240. REC'D BY REGISTRAR / 246. REGISTRAR'S SIGNATURE DATE PR 1 6 '58

may be retained to the haspital or attending physician.

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and mampletely filled in by the furnital director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR ETTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours of

death: Page 4

GEL BI APA

g .V UARRUS

the registrar within 7. Louis after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

24 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 I tem #8 - Film G227 - 1/10/58-mb CERTIFICATE OF DEATH

04115

411

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED								
COUNTY A TO F ARUNDEL MARYLAND	STATE M. COUNTY A. A.								
COUNTY / 77 77 E / 77 V V L MARYLAND  CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (It outside corporate limits, write RURAL and give nea	mst lown)							
OR and give seerest town) (in this place)	OR /								
TOWN ANNADOLIS	TOWN HNNADOLIS	•							
HOSPITAL OR	STREET (Ill rural give location)	1							
INSTITUTION OR STREET ADDRESS HOME WOOD ONVALCEDENCE	ADDRESS 1313 MCKINLE	Y AVE.							
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)							
(Type or Print) BERENICE F. COLL	INSON DEATH APY.	1 1958							
	OF BIRTH 1860   9. AGE lest birthdey   IF UNDER								
RACE WIDOWED, DIVORCED.	Months	Days Hours Min.							
F. W (Specify) WIDOW AS	5.25 1850 0 8 ya.								
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if OR INDUSTRY	11. BIRTHPLACE (Steller or foreign country)	COUNTRY?							
refired) HOUSEWIFE	SudLEY Md								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
T- 1. T Ex Win	6:44-10								
JOSEPH 1. 184/11/11/11	GIDDONS								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS	31. 1							
(10% (10% of mile)) (ii) 10% Site were or eques of sources	Frances (at line on lie	u. Ma.							
	RTIFICATION	INTERVAL BETWEEN							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	P	ONSET AND DEATH							
1. IMMEDIATE CAUSE (A) Ira. Emil 6.	Coma	48 arz							
ANTECEDENT CAUSE(S) DUE TO	manifer Genilus	Mercans							
DISEASES OR CONDITIONS, IF ANY, (B)	a roundy / www/2	under							
STATING UNDERLYING CAUSE LAST. BUE TO	· Maccons	Arm - 0							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Men terrons	1st 11							
TO THE DEATH BUT NOT RELATED TO THE		Jane J.							
DISEASE OR CONDITION CAUSING DEATH,									
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?							
21e. ACCIDENT WAS UNDERLYING   21b. PLACE [Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or lown) (Cour								
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ZIC. WHERE DID HOURT OCCUR? (City of lown)	117) (31810)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?								
M. et work et work	7								
22 I have bee contifer that I also ded the desired to "Ill cont.	25, 19.5 8 , to / Pink 1 , 1958 , that I	last saw the decree							
22. I hereby certify that I attended the deceased from MATHLE	711-								
alive on 1951 and that death occurred a									
BIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED							
Caller Moroes M.D. 4	The state of the s	ux 4-2-14							
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF	R CREMATORY LOCATION (City, fown, or county	(Stete)							
BURIAL 1/3/5-8 Triend	thin A .T.	in mill							
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	1 28. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS							
	B. 1 7/14	201:1							
DATE ADR 7 150 1822 - CALLER	I realed Mardelly.	Takewell !							

\* A N ...... 86.

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4153 CERTIFICATE OF DEATH

04116

Reg. Dist. No.

1. PLACE OF DEATH O COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence a. STATE b. COUNTY	e before gdmission)
b. CITY OR TOWN (If outside corporate limits, write RURAT and give nearest town)	c. CITY OR TOWN Ut outside corporate limits, write RURAL and g	negrest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	Of Box 440-B odiale	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) First Middle	1 Lost 4. DATE Month OF DEATH OF DEATH	21 R 19 58
5. SEX- 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	la backet	TYEAR IF UNDER 24 HRS Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if refired)	JSTRY 11 BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Samuel Balkonay	14 MOTHER'S MAIDEN NAME  BUTTON  SIMO	na
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177 (Fes. no or unknown) (If yes, give wer or dates of service)	So Etalik Al Isly Cole	in mel
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Acus	ident	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b) Hypertensive Ca	andio-Vascular Dispaso	2 70225
couse (o), storing the under- lying couse lost.  DUE TO  (c)		
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(6) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 While of work of work 19 of work 19	LACE OF 'NJURY (Home, form. 20f. (City or town) (Controlly, street, office bldg , etc.)	ounly) (State)
21. I certify that I attended the deceased from 00+ olive an April 12, 12, 1953, and that death	n accurred at 11 45 PM, from the causes and on the	ost saw the deceased e date stated abave
ACTUAL SIGNATURE Edward 9 Thematt	M.D. Gambilla Md	DATE SIGNED 4-24-58
PHYSICIAN'S NAME (Type)		
220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OF RENTERS (Specify)	OR CREMATORY 22d. LOCATION (City. town_or county)	c'State)
23. FUNERAL DIRECTOR'S SIGNATURE TO THIS MANDORESS MINE	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE

DEVENVENO. 8. 8. 8. 8. 8. 8.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04117

4154 CERTIFICATE OF DEATH

Reg.	Dist.	No.

		PLACE OF DEATH D. COUNTY	Anne Arun	del	MARY	rland .	2 USUAL RESIDENCE ( o. STATE Mar	Where decease	d lived. If instituti b COUNTY		before oc	dmission)		
	-	RURAL and give ne	outside corporate limi orest town) nsville, M	ts, write c.	nos,19da		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Union Bridge							
		d. NAME OF HOSPITA OR INSTITUTION CPOWINS	AL (If not in hospitol, o	e Hospi	tal, Md.		d. STREET ADDRESS	tural	, , , , ,			RESIDENCE ON A FARM? S NO 2		
	3.	NAME OF DECEASED	Fit	at .	Middle	1	Lost	4. DATE	Mor	ıth	Day	Yeor		
ļ		(Type or print)		seph			Curry	DEATH	4		5	1958		
ı	5 5	_	6. COLOR OR RACE				DATE OF SIRTH		9 AGE (In years last birthday)			INDER 24 HRS		
		Male	Negro	MIDOMED			1885		73 yrs.					
	10a	during most of work	ing life, even it refired	]   _	_	OR INDUST	RY 11 BIRTHPLACE (SI		country)			HAT COUNTRY?		
	12	FATTHER'S NAME	r		farm			land		U	J. S.	Α		
1	13		774 (97	00	PDV		14. MOTHER'S MAIDE		- D/ -1- O-					
	16		Lliam Thom	-	RRY	37 180	ORMANT	ALIC	e Dick Cu					
	{Yes	no or unknown)	If yes, give wor or dates of s	#TVICE) 2/8-	34-086	-51	iospital R	cords	Add	ress				
-1	ONE											L BETWEEN		
-		PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) COMP.												
ı		2 h	. DUE TO											
Λl		Conditions, if a		Dia	betes Me	llit	ıs							
)		gove rise to immediate Couse (a), stating the under-												
	z	lying cause last. (c)									7			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									PE	ERFORMED?			
-	FIG	Chronic Brain Syndrome associated with Arteriosclerosis  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE MOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)												
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER	ZOO. DESCRIBI	E HOW INJURY O		(Enter nature of injury	in Port I or Po	Till of (lem 18.)					
-	MEDICAL	20c. TIME OF INJURY	' Month, Day, Ye	or 20d. INJUR	Y OCCURRED Not while	20e PLAC	E OF INJURY (Home, forry, street, office bldg.,	orm, 20f. (Cit	y or town)	(Co	unty)	(State)		
- 1	ME	p. m.	19	at work	of work									
		21. I certify the	at I attended the	deceased f	from June	17		April 5	19_58	3,that I la	ist saw I	the deceased		
		alive on Apr	<u> </u>	., 1 <u>958</u>	, and that	death (	occurred at 7:0	A.M. from	n the causes o	and on the	e date s	tated abave.		
		1	1/- 1	7.1	,				treet, city or town,			DATE SIGNED		
4		ACTUAL SIGNATURE	ellelis	m		М	D. Crownsv	ille, M	d.			4/7/58		
		PHYSICIAN'S L	Bnedict	M. D.			Crownsv	ille 5t	ate Hospi	ital, 1	√d.			
	220	BLRIAL, CREMAT OF REMOVAL (Specify)	N, 226. DATE THERECO	OF 22	Claries	ETERY OR	CREMATORY	22d. 10CA	TION (City, town,	pr county)		(Stote)		
	23,	FUNERAL DIRECTOR'S	SIGNATURE	1 7	ADDRESS	7 /	246 RI	C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE	7,000		
	1	D. Mrs	Talle 150	ne le	weed B	rela	DATE		6./	-	1			
F						-	- Al	<del>K 9 - '5</del> 8	U.W.	المستثند	<u> </u>			

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECAL: After this certificate has been signed by the attending physician and campletely filled in by the forest director, page 3 should be detached for use as the burial-transit permit. Then pleam remove carbon pages, Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. death' Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR VS A15 (4) 15M 10/57

A W UASACA

PSGE 6 BUT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4155 CERTIFICATE OF DEATH Rea, Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived | If institution | Residence before/admission) filed · COUNT L COUNTY MARYLAND b CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate fimits, write RURAL and give negrest lown) RURAL and give nearest towal. should asadona d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS NOTITUTION 22 ~ /30X ء. NAME OF Middle 4. DATE OF DECEASED (Type or print) DEATH 5 SEX 6. COLOS OR RACE 9. AGE (In years Jashbirthday) IF UNDER TYEAR IF UNDER 24 HRS 7. MARRIED 14 NEVER MARRIED B. DATE OF BIRTH Months DIVORCED WIDOWED [ yrs 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BURTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo ofter 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANI altending please within CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' **DUE TO** ģ Conditions, if ony, which signed gove rite to immediate **DUE TO** couse (o), stating the underlying couse fost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. factory, street, office bldg., etc.) While Not while 19 of work of work p. m. 21. I certify that I attended the deceased from 79\_\_\_\_that I last saw the deceased R: Afte oched alive on A. from the causes and an the date stated above and that death accurred at\_ ACTUAL SIGNATURE å prior DIRE shauld PHYSICIAN'S 6 NAME (Type)

FUNERAL ന 9 VS A15 (4) 15M 10/57

vena 226 DATE THEREOF 220. BURIAL, CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Spegfy) 23 FUNERAL DIBERTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTIAR'S SIGNATURE

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

30/045

PERFORMED? YES 🕅

NO.

(Stote)

DATE SIGNED

(Stole)

Doys

(County)

ON A FARM?

YES NO D

Year

1956

Min

While View V. S.

John Page 4

may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR After this certifica has been signed by the attending physician and completely filled in by the Anapage 3 should be the for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 sho≡ld the registrar prior to buriol, cremation, or remaval, and in any event within 72 havrs after death.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04119

			415	6 CERTI	FICA	<b>4T</b>	E OF DEATH	1		Reg. Dis	t. No.		
1.	PLACE OF DEATH	_				2	USUAL RESIDENCE (WH	ere decease	d lived. If institution	on-Resident	e before	e admiss	ion}
L	Anı	ne Arundel		MARY			Unkn				know		
	<li>b. CITY OR TOWN (II RURAL and give ne</li>	autside carporate lim	ts, write	c. LENGTH OF STAY	IN 16	ļ	c. CITY OR TOWN (If a	utside corpo	orate limits, write R	URAL and g	jive neai	rest town	1)
	Crownsvil			6 mo. & 17	da da		X Unkn	own					
	OR INSTITUTION	AL (If not in hospital, s	jive street	oddress)			d. STREET ADDRESS					IS RES	SIDENCE FARM?
	Crownsvil	le State E	ospij	al			T.	nikno	wn				NO 🗌
3.	NAME OF DECEASED	Fir	st	Middle			Last	4. DATE	Mon	th	Day	,	Yeor
	(Type or print)	Eddi	.e				Davidson	OF DEATH	Apr	-17	3/.		19 58
5.	EX	6. COLOR OR RACE	7. MARI	HED NEVER MARRIE	0 🔲	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	$\longrightarrow$	IF UNDI	ER 24 HRS
	Male	Negro	WIDOW	IN KNOWN			Unknown		48? yrs	Months	Days	Hours	Min.
100	USUAL OCCUPATIO	N (Give kind of work	done 10b.			STRY	11 BIRTHPLACE (State	ar foreign c		12 CIT	ZEN OF	WHAT	COUNT
	?	ing life, even if retired	'   .	?			Oklahoma	2		TI	.S.A		
13	FATHER'S NAME					14	. MOTHER'S MAIDEN N				5 N 8 S	4	-
	Unknown						Unknown						
15.	WAS DECEASED EVEN	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. li	NFOI	RMANT		Addi	ess			
1	nknown	If yes, give wor or dates of t		known	ŀ	los	pital reco	rde					
F		TH   Enter only one or		ne for (a), (b), and (c)			7				LINTE	RVAL BE	TWEEN
		TH WAS CAUSED BY	Ser	ticamia			ė p				ONS	ET AND	DEATH
	715×	IMMEDIATE CAUSE (d							<del>-</del>		4	weel	23
	Canditions, if ar			cubitus Ul	cers								
	gove rise to in		)E								+		
1	couse (a), stating t	he under-	Se	condary In	fect	ed.							
Į		FR SIGNIFICANT CON	1				RELATED TO THE TERMI	NAI DISEAS	F CONDITION GIV	EN IN PARI	160 19	WAS	ALITOPSY
CERTIFICATION	_					. 401	ACCULED TO THE TERM	IAME DISCUS	COMBINION ON	F14 114 1 VV	10,10	PERFO	PMED?
15	20a ACCIDENT WA			epilepsy.	CUPPE	D (E	nter nature of injury in I	Part Lar Par	t II of dem 181			YES	NO []
18	OR CONTRIBUTING	☐ CAUSE OF DEATH	200 013	CRISE HOW WORK OF	CCBKKE	o. (ci	The holore of injory in						
	20c. TIME OF INJURY	*	- 20-1 II	NJURY OCCURRED	20- BL	ACE (	OF INJURY (Home, farm	1006 1006					20
MEDICAL	Hour o.m.	10	While	Not while	foc	clory,	street, affice bldg, etc.	.   207 (City .)	or town)	(C	ounty)		(State
Σ	p. m.		of wor					-					-
	21. I certify the	at I attended the			3		. 1958 , to 4/						
	olive on4/.	14/	<u></u> 19_5	8 , ghd/hat,	deoth	000	curred ot 12 No				e dot	e state	ed obo
	METURE 1:	Odla Car.	2/1/	2016 de 10	· 420	η		·	treet, city or town,			D/	ATE SIGN
	SIGNATURE N	ull yan		100 1 W	YUU	M.D.	Crownsvill	Le Sta	te Hospii	tal	4	/14/	/58
	PHYSICIAN'S	J.			_								
	NAME (Type) H			issmann, M	. D.	1	Crownsvil	Le, Ma	ryland				
220	BURIAL, CREMATION	N. 226 DATE THEREC	F	22c NAME OF CEME					TION (City, town, o	r county)		(Stot	
1	N V	4/4/1/	79/	crownsvi	LLe	St	ate Hosp.	Crow	msville			Md	•
13.	ELLINE DIRECTOR'S	MIGNATURE	1/	ADDRESS	TN	10	240 REC"	BY REGIST	RAR 24b REGIS	TRAJE'S SIG	NATUR	g	
1	MUNI	WIL	10	NA 1		K	DATE	APR 2 3	30	> Les	well	1	

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**CERTIFICATE OF DEATH** 

			U	4	I	4	u	l
neg.	Dist	No						

_		<u> </u>				-
1,	o. COUNTY Anne Arundel	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary.	ere deceased lived if institution b. COUNTY	Residence before admission) Baltimore City	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville. Md.	3mos. 2 days	c. CITY OR TOWN (If o	outside corporate limits, write RUI NOPE	RAL and give nearest town)	٠
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Crownsville State He		d. STREET ADDRESS 1740	N. Calhoun Stre	et e. IS RESIDENCE	
3.	NAME OF DECEASED (Type or print) (Priscil:	Middle Na) Pearl M.	Downing	4. DATE Month OF DEATH	Day Yeor 18 19 58	
S	SEX 6 COLOR OR RACE 7. MA	ARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Unknown	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER TYEAR IF UNDER 24 HR Months Days Hours Min	
10	to: USUAL OCCUPATION (Give kind of work done) If during most of working life, even if retired) Unknown	% KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Unknown		U. S. A.	(RY
13	E FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
-	Unknown	COCH CECIDIVANO 113	INFORMANT	Unknown	-	
l) YI	(if yes, give war or dates of service)			Addre.	27	
-	18. CAUSE OF DEATH [Enter only one cause per		ospital Record	us	INTERVAL BETWEEN	_
		erebro-vascular	pacident		ONSET AND DEATH	1
L	IMMEDIATE CAUSE (6) U	elenio-Agacatat.	accident			
	C	ypertensive car	diovascular r	enal disease		
	gave rise to immediate					
	lying couse lost.					
ATION	PART II OTHER SIGNIFICANT CONDITION  Chronic Brain Syntron	*			N IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO F	
CERTIFICATION	20g ACCIDENT WAS UNDERLYING 20b DO OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d Hour o. m. p. m. 19 at v		ACE OF INJURY (Home, form ctory, street, office bldg, etc.	20f. (City or town)	(County) (Stat	le)
	21. I certify that I attended the dece	osed from January	16 <sub>19</sub> 58 <sub>19</sub> A	pril 18 19 58	that I last saw the decea	1264
			accurred at 1:15P		nd an the date stated abo	ave
	SIGNATURE XISHUII HUW	4 11/4/	M.D. Crownsvi	lle, Md.	4/18/58	
	PHYSICIAN'S Lionel McHenry	Mapp, M. D.	Crownsvil	le State Hospit	al	
22	REMOVAL (Specify) 4/21/58	122c NAME OF CEMETERY O		A.R. Court		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24 REGIST	MAR'S SIGNATURE	

may be retained by thospital or attending physicion.

D FUNERAL DIRE

After this certificate has been signed by the ottending physician and completely filled in by this perol director. page 3 should be certed for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, c≡motion, or rem≡val, ≡nd in ony event within 72 h≡urs ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY Filed b. COUNTY MARYLAND Md. A. A. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Harwood Park Harwood Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6905 Highland Ave YES NO Highland Ave. NAME OF 4. DATE Middle lost Month Year 19 58 GEORGE DEATH April (Type or print) DUDROW 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Manths Davs male white WIDOWED [ DIVORCED | Sept 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) Clerk (rtd Railroad Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Philip Dudrow Louise Doering IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Harwood Pk., Md. Mrs. Ida T. Dudrow - 6905 Highland Ave. ottendin 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 8 PART I. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (o) **DUE TO** ٥ Conditions, if any, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES 🔲 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 8 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour 0. m While Not while at work at work 21. I certify that I attended the deceased from 23, that I last saw the deceased alive an. Land that death accurred at 1.44.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burtal Meadowridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n. REC'D 8Y REGISTRAR 24Б. REGISTRAR'S.SIGNATURE

PAPER 2 5

VS A15 (4) ISM 9/SS

DECENVED V. S.

VS A15 [4] 15M 10/57 17

RYLAND STA	TE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4160	CERTIFICATE	OF	DEATH	

MA

Reg. Dist. No. 04123

1. PLACE OF DEATH o. COUNTY Ann	e Arundel		MARY	LAND	2. USUAL RESID a. STATE Ma:	ence (who	ere deceased	d lived. If instituti b. COUNTY		Arun		n)
b. CITY OR TOWN (II RURAL and give ne Ferndal		ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO	own (If or rndal	utside corpo	rate limits, write R	URAL and	give neare	st tawn)	
or institution 7 Birch	AL (If not in haspital, g AVO	ive street	address)		/ d STREET AT	rch A	ve				IS RESID ON A F YES	ARM?
3 NAME OF DECEASED	Fie	st	Middle		Last		4 DATE	Mor	ilh	Doy	Ye	Or .
(Type or print)	MAR'	THA		EB	ELING		OF DEATH	APRIL	25		19	58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🗆	8. DATE OF BIRTH			<ol> <li>AGE (In years last birthday)</li> </ol>	IF UNDER	R 1 YEAR IF		
Female	White	WIDOWI	ED 🚺 DIVORCE		June 12,	1869		88 yrs	Months	Days	Haurs	Min
10a USUAL OCCUPATIO during most of work House		dane 10b.	ewn home	R INDUS		yland	or foreign o	auntry)		USA	WHAT (	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
William	Williams				Ma	rtha	Willi	ams				
15. WAS DECEASED EVER	R IN U.S. ARMED FOR	CE\$? 16	SOCIAL SECURITY NO	. 17. 11	NFORMANT			Add	lress			
ne	no no	ervice)	none	Th	omas Ta	nkers	ley -	same	as #	2		
1B. CAUSE OF DEA	TH   Enter anly one co	use per li	ne for (a), (b), and (c).							INTER	VAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	. (	CEREBR	41	THRA	MR	4515	2		ONSET	AND I	EATH -
1	IMMEDIATE CAUSE (d		CENCUII	7-	11110	7. (0	0 20 / 2	•			UN	-
Conditions, if as	nmediate	CE	REBRAL	A	RTERI	05c	CERO	sis		Z	YR.	5,
lying couse last.	) (c	)										
PART II. OTH  PART II. OTH  200°. ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PAI		WAS AT PERFOR	MED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of	injury in P	art I ar Par	t II of ilem 18.)				
20c, TIME OF INJURY Hour a.m. p. m.	f Manth, Day, Ye 19	While	NJURY OCCURRED  Nat while  k  ot work		ACE OF INJURY (Forey, street, affice			r or tawn)	(	(County)		(State)
21. I certify the	at I attended the	deceas	ed from JULY		1955	to A	PRIL	25 195	that I	last saw	the c	eceasea
alive on	APRIL 31							n the causes o				
		1						treet, city ar tawn,		ine doic		E SIGNED
ACTUAL SIGNATURE	Sera C.	Ter	· · ·		un 2016	LAB	L V 3.	GLENBU	10111	6 Mi	X-	دع
310HATORE_					mor in the same of			G1 et	9 Bur	nie.	Ma .	
PHYSICIAN'S NAME (Type)	Leon C.	erry	MD		201 Re	1timo	re an	d Annapo				
220 BURIAL, CREMATION			22c NAME OF CEMI	TERY O		الاستسي		TION (City, town,			(State)	
REMOVAL (Specify)	4-29	-38	1		Cemeter	v		polis, M			faratel	
23. FUNERAL DIRECTOR	SIGNATURE -	per	ADDRESS		,		BY REGIST		STRAR'S SI			
MOPPING FI	INERAL HOME	CA	nnapolis, l	Mary	land	DATEDR	2 9 '58	Tirock	. 0			

OEVIEDEC 8361 68 89A

BUREAU K. S.

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4161 CERTIFICATE OF DEATH

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L				CERTIFIC	712 0	ואכווייי	• •		Reg. Dist. No.				
1.	PLACE OF DEATH				2 USUA	RESIDENCE (V	Vhere deceases	d lived. If instituti	on Resi	dence befo	ore adm s	sion)	
	6 COUNTY	Anne Arun	lahr	MARYLAND	a. STA	TF -	vland	b. COUNTY			re C		
Н	b. CITY OR TOWN (	f outside corporate limi	ts. write	c. LENGTH OF STAY IN 16	c CIT	·		rote limits, write R					
	RURAL and give ne	sville, Md.	,				imore	note limits, write a				" }	
H		At (If not in hospital, g		11 1			HHOLE		m. 1 4	4/-			
	OR INSTITUTION	lle State	jive street	oddress)	d. STI	REET ADDRESS	h 8 . at	e1 .			e. IS RES	SIDENCE A FARM?	
_	Crownsvi	LLe State	Hospi	tal, Md.		1020 51	cricker	Street			YES [	] NO [	
3	NAME OF DECEASED	Fir	rsi	Middle		lost	4. DATE OF	Mor	ith	D	lay	Year	
	(Type or print)	Sylvia			Ec	lwards	OF DEATH	1.		_	<u></u>	19 58	
5.	SEX	6. COLOR OR RACE	7. MARI	HED NEVER MARRIED	8 DATE O			9. AGE (In years	IF UNI	alu	R IF UND		
	Female	Negro						last birthday)	Month		Hours	Min	
Olationii O/. //													
1	curing most of work	ting life, even if relifed	done 100	KIND OF BUSINESS OK INDE	SIKT II BI			ountry	12.			COUNTRY	
L	None					Unkno	OWI			U.	S. A.	•	
13	FATHER'S NAME				14 MOT	HER'S MAIDEN	NAME						
	1	Unknown						Unknown					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	NFORMAN	r		Add	ress			-	
171	NO or unknown)	(If yes, give wor or dates of s	ervice]		Uaani t	al Reco							
-		THE ESSENCE OF THE PARTY OF THE		ne for (a), (b), and (c).	HOS DT (	AL RECU	orus			Liver			
		TH WAS CAUSED BY:		·							FERVAL BE		
	1	IMMEDIATE CAUSE TO	Hyr	ostatic Pneum	onia								
	443X	DUE TO	)										
	Conditions, if ony, which   hypertensive Cardiovascular Disease												
	gove rise to immediate DUF TO												
	lying cause last. Gangrene of left foot. Decubitus Ulcers												
١z	PANT H. OTH			CONTRIBUTING TO DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEAS	F CONDITION GIV	FN IN F	ART 1(a)	19 WAS	ALITOPSY	
15				clerosis with					614 114 1	AKE 103	PERFO	PRMED?	
F.	200. ACCIDENT WA										YES [	NO 💽	
CERTIFICATION	OR CONTRIBUTING	☐ CAUSE OF DEATH	ZUD DESI	CRIBE HOW INJURY OCCURRE	D. (thier no	fure of injury in	n Port I or Port	ill of item (8.)					
		MEDICAL EXAMINER)	L.,						THE CO. LEWIS CO.				
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes			ACE OF INJ	URY (Home, for office bldg, et	m. 20f (City	or town)		(County)		(Stole)	
MEE	p. m.	19	While of world	TAGE AND C		once oldg, e							
	21 Landiffy th	et I ettended the	daaaaa	ed from July	10	56 - 8	nmil 1	0 1958					
	67079	at attended the	19_	0 4									
	alive an	F	19	hat death	accurre	d at_XiX				the do			
	LACTURE /		Ue.	- 11/06/				reet, city or town,	stote)			ATE SIGNE	
	ACTUAL SIGNATURE	mu 11/(1	Iw	4 1/4/2	M.D	Crowns	ville,	Md.			4/10	0/58	
	THY STUMMING	1		V+ + - +	-								
	NAME (Type) L	ionel McHer	nry l	lapp, M. D.		Crowns	ville	State Ho	spit	al,	Md.		
Ø.	BURIAL CREMAT OF	N, 226. DATE THEREO	of /	22 NAME OF CEMETERY O	R CREMATO	Ry	22d_LOCAT	ON (City, town, o	or count	yl /	(Stote	e)	
V.	REMOVAL (Spec by)	11-14-	58	1. 1. M. M.	min	/(	1/3 a	Lili	m	21	3	*1	
23	EUNERAL DIRECTOR'S	SIGNATORE	(*	ADDRESS	1	240 050	D BY REGIST	RAR 24b. REGIS	TDAD'S	SIGNATU	DE		
1	1, 111	(1)		()	. 1/	240. KEU	D BT REGIST	AND REON	JIKAN D	PLOIANI O	N.E.		

DATEDR 1 5 158

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VS A15 (4) 15M 9/55

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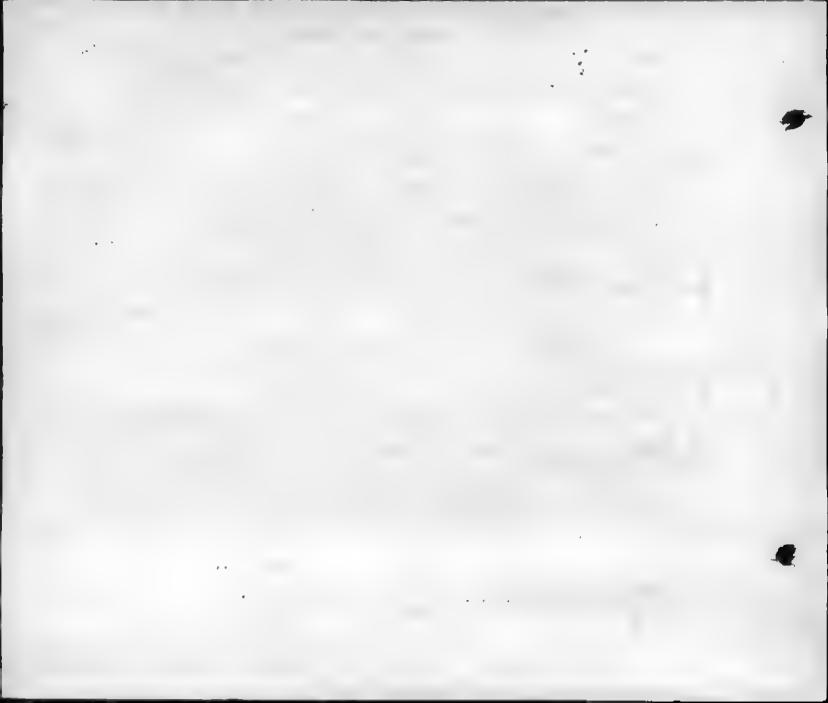
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours of

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4116 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 1)4125

1. PLACE OF DEATH  o. COUNTY  A	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel										
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)						
Annapolis 2 days					X Lothian - Rural (Annapolis)						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						
Anne Arundel General Hospital										M NO [	
3 NAME OF DECEASED (Type or print)	David	ıt	Middle		FARRELL.	4. DATE OF DEATH	Mon April		20	Year 1958	
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	2	B. DATE OF BIRTH	'	9. AGE (In years			NDER 24 HRS	
Male	White	WIDOWED DIVORCED			April 4, 195	8	lost birthday) yrs.	Manths Days Hours Min.			
100. USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Slote	or foreign co	untry)	12. CITIZ	EN OF WH	IAT COUNTRY?	
deving mon or work	ang me, even a temes)				Maryl	and		Ţ	J.S.		
13. FATHER'S NAME	13. FATHER'S NAME				14 MOTHER'S MAIDEN NAME						
John Richard FARRELL					Margaret Celiz ESTEP						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	IFORMANT		Adde	ress			
No	per part, garant more or comme or an		None		Hospital R	lecords	3				
	TH WAS CAUSED BY- IMMEDIATE CAUSE (e) DUE TO  ny, which (b)	1	ne for (o), (b), and (c)]	<u></u>	nia			-	INTERVAL ONSET A	BETWEEN ND DEATH	
PART II OTH					NOT RELATED TO THE TERMI			'EN IN PART	PEI	AS AUTOPSY REORMED?	
20c. TIME OF INJUR Heur o. m.		While	NJURY OCCURRED 2 Not white by the control of work		CE OF INJURY (Home, form tory, street, affice bldg., etc.		or town)	(Co	unty)	(State)	
21. I certify the alive on	at lattended the	deceas _, 19_5		leath	occurred at 6.4;	ADDRESS (St	the causes a	ind on the		ne deceased ated above. DATE SIGNED	
PHYSICIAN'S NAME (Type) C	layton Nort	on.	M.D.		Annapolis	, Md.					
PEMOVAL (Specify)	N, 226. DATE THEREO	£	22c. NAME OF CEMET PG7 2/C		CREMATORY	40 th	ON (City, town, o	r county)	(5	State)	
23. FUNERAL DIRECTOR	SSIGNATURE HELLOLA	ig .	Lateral	lo	240. REC'	D BY REGISTI	RAR 246 REGIS	STRAR'S SIGN	PATURE		
			<del></del>								



-1	-	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
T2 002	ATE	7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 114126
FOR STA	DEPT.		Reg. Dist. Not I I Compared to the Compared to
5. ge . ±		1, 3	COUNTY (Intre Chrindle MARYLAND O. STATE Maryland b COUNTY (1) a
y ple	( M	76	CITY OR TOWN (If outside corporate limits for EDEAL ond give nearest lawn)
P P	-		NAME OF HOSNITAL OR NOTITION (I not in hospital, give steel address) , d STREET ADDRESS /
is recreted ded for Boar	1.2		l. C. Deneral Jose 48 fleet St. VES 10 NO 12
delay fune etain State deati			NAME OF DECEASED   Pirst   Middle   OATE   Month   Day Year
any a the r be r b the ofter		5. S	A 6 COTOR OF RACE TO MARRIED TO NEVER MARRIED TO BE DATE OF BIRTH P AGE (In fors ) IF UNDER TYEAR IF UNDER 24 HRS
d 3 1 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3		1	Tempale (of WIDOWED   DIVORCED   9-14-1957   Marths Days Hours Min.
death 2, an 2ge 5 and 72 h		10a	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) [12 CITIZEN OF WHAT COUNTRY?]
offer 3. ". es a		13.	FAILHERS NAME 1 14 MOTHER'S MAINE 1
Page Page Page			ilfred tisher Illendora M= Doways
Sive Give I ford File			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
Targetti and a second			18. CAUSE OF DEATH [Enter only one cause per line for (m) (b), and (c).]
Item Item along it per	1	4	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)  PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)
il in ffice frons	.(		43 * DUE TO
S S S S S S S S S S S S S S S S S S S	(	1	Conditions, if ony, which by governise to immediate cause DUE TO
nine nine o bi			(c), stofing the underlying DUE TO course lost.
ficate st pending cal Exar used as rematic		CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?  YES NO
ord Medical Medical		CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
The water Chief Should should be		WEDICAL	20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stale) Hour m. m. While Not while
MINI iting iting oge oge		*	21. I certify that Look charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
EXA Bed in			opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner
CAL FCT d og			ACTUAL CHIEF MENICAL EXAMINED (T) DATE SIGNED
MEDI Cer' For DIR			SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
FRAL Gesig			EXAMINER'S NAME (Type) ( LINGS POT. DEPUTY MEDICAL EXAMINER 4-2-18
shout FCN		220	AURIAL CREMATION. 276 DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 220 LOCATION (City, Town, or county) (Stote)
5 , 5 ,		23.	HONERAY DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REC'D BY
VS A15ME 5M 2/57			Villiam Beese T- linna. Md. OATE APRIO '58. Webteauch
		1	

BULLIU V. S.

OF CEDARD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Ttem #12 - CERTIFICATE OF DEATH Rea. Dist. No. al director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Md. nerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ھ RURAL and give negrest town) should Glen Burnie Glen Burnie d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 300 Greenway. YES NO 300 Greenway. puc 2. NAME OF First Middle 4. DATE Lost Month Year Day filled DECEASED OF (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 9. AGE/(In years lost birthday) campletely Months Doys Hours Min. WIDOWED F DIVORCED [ female papers. whi te yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) TSA puo Homemaker carbon 14. MOTHER'S MAIDEN NAME ofter 13. FATHER'S NAME physician (unknown Huttenberg hours Anna K. (unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Glen Burnie, no Mrs. Arthur J. Janushek - 300 Greenway S. no attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)\_ entert of DUE TO á permit. Canditions, if any, which any been signed gave rise to immediate **DUE TO** cause (o), stating the underlying couse lost. **burial-transit** PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPSY remayal, PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Slole) factory, street, office bldg., etc.) Hour p. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from CLL 30 1950 . tallpret .. 19.5% that I last saw the deceased , and that death accurred at / F. M. fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL prior 9 DIRE 3 shout PHYSICIAN'S NAME (Type) FUNER 220. BUR AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) pode (Stote) REMOVAL (Specify) \*Loudon Balto. 0 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5\$ DATE 1117

eath? Page

BUREAU V. S.

APR SC 77

PLACE OF DEATH

OR INSTITUTION

o. COUNTY

3. NAME OF

5 SEX

DECEASED

(Type or print)

Female

13. FATHER'S NAME

lying cause last.

Hour o. m.

PHYSICIAN'S NAME (Type)

p. m.

23 FUNERAL DIRECTOR'S SIGNAPUREA A

CERTIFICATION

ospital ar attending physicion.	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the Soveral director	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	1
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may be retained by the hospital ar attending physician.	REC	be d	the registrar prior to burios, cremation, or removal, and in any event within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Mary land b. COUNTY Arundel ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapobis d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ANNE ARUNBEL GENERAL HOSPITAL 98 Conduit Street YES NO T 4. DATE Middle Month Year MARY VIOLA GREEN DEATH April 17 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF SIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours White WIDOWED | DIVORCED August 7, 1881 76 yrs 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House wife own home Annapolis. Md. USA 14. MOTHER'S MAIDEN NAME Robert T. Jones Mary A. LVTNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) Robert F. Green none West St. Annapolis 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL THROM 30515 IMMEDIATE CAUSE (o) **DUE TO** ARTERIOSCHERBSIS GENERALIZED Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the under-PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (Slate) factory, street, office bldg., etc.) While Not while at wark at work 17APE 1958 that I last saw the deceased 21. I certify that I attended the deceased from , and that death accurred at 1.30AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATUR

Edward S

FUNERAL HOME

Southgate Ave. Annapolis, Md. 22d. LOCATION (City, lown, or county)

220 BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMQVAL (Specify) Burial 4- 19- 58 Gedar Bluff Cematery

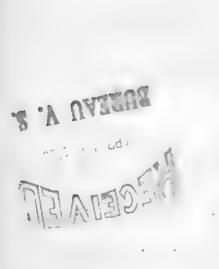
Annanolis

ADDRESS

240. REC'D BY REGISTRAR 100246 DATE

Mnapolis. Maryland

15M 10/57

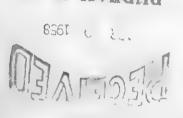


14129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate frants, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give secret town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? D.O.1 aderon YES NO D 3. NAME OF DATE Month Dave Year DECEASED (Type or print) DEATH 19 3 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR 1F UNDER 24 HRS Months Days Hours WIDOWED [ DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? fing most of working life, even is retired) ۵ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME In. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Gi⊀e P.M.3 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c), } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Crushing IN form IMMEDIATE CAUSE (0) troffsil DUE TO ext. Numeros - Lest. Femus Conditions, if any, which ) gave rise to immediate cause alang **DUE TO** (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMERS 20g. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, preet, office bldg., etc.) While Not white at work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection [ Inquiry [ I, and find that TOR: Natural causes death resulted from: Accident 1, Suicide Homicide . Undetermined cause MEDICA T DI ACTUAL **DATE SIGNED** CHIEF MEDICAL EXAMINER SIGNATUR farwarded h ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220-BURIAL CREMATION, 1226, DATE THEREOF 22c-NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City town, or county) EMOYAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 1246. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR Vs. A15ME(5) 5M 9/55

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





VS A15 (4) 15M 9/5S M

MARYLAND STAT	E DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
4163	CERTIFICATE	OF DEATH		

04130

Reg. Dist. No.

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY A.A. MARYLAND	b. COUNTY A. A
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	X Brutel
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
OR INSTITUTION	ON A FARM?
3. NAME OF First , Middle pro-	
(Type or print) Crilbert William	UE TO LOST OF Month Doy Year OF DEATH AND 7 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
WIDOWED DIVORCED	4-23, 29 71
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in allowers	Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sohn W. (sriffin	Arene Bias
15. WANDECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT Address
210-1605517	margarett (feiffin Bristoh, Md
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0] OFONI	Thrim hasis ONSET AND DEATH
DUE TO	
Conditions if any which	
gave rise to immediate	
lying cause last.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
NA CONTRACTOR OF THE CONTRACTO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH  OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of clem 18.)
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. P.	ACE OF INJURY (Home, farm, 120f (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to Month of the Property of the Prop	actory, street, affice bldg., etc.)
	1955, ta Abr 7, 1928, that I last saw the deceased
1	
dive vii, 133-22, dild mar debit	accurred at 5:25.7M, from the couses and on the date stated above.  ADDRESS-(Street, city or town, state)  DATE SIGNED
ACTUAL A BY	Deldar Me How hall Date 13
SIGNATURE	M.D
PHYSICIAN'S NAME (Type)	, , , , , , , , , , , , , , , , , , , ,
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, town, or county) (State)
14-10,38 Moses	HA CO, MO
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTBAR'S SIGNATURE
1 27 JOINDI UN LINGS M	1d DATE APR 1 4 58 Wireduch

S.Y CALLETS

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4164 CERTIFICATE OF DEATH

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1, PLACE OF DEATH  o COUNTY	Anne Arund	el	MARYLA	- 11	USUAL RESIDENCE O. STATE	ryl		b COUNT		esidence bef		sion}
b. CITY OR TOWN (	f outside corporate limi		c. LENGTH OF STAY IN	1b	c CITY OR TOW	N (If or	itside corpor	rote limits, write	RURA	l ond give ne	earest tow	n) V
RURAL ond give n	wnsville.	Md.	3mos,16 das	S.	Lust				~	4.5.		
	AL (If not in haspital, g				d. STREET ADDR	ESS						SIDENCE
Crow	msville St	ate I	Hospital, Md		1	Vone						A FARM?
3. NAME OF DECEASED	For	st	Middle		Last		4. DATE	Mo	onth	D	юу	Year
(Type or print)	Ann:	ie			Gross	3	OF DEATH	4			16	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARRIED	8.0	ATE OF BIRTH			9. AGE (In years		INDER 1 YEA		
Female	Negro	WIDOW	ED DIVORCED [		9/12/189	93		last birthday)		onths Doys	Hours	Min
10a USUAL OCCUPAT O	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR I	INDUSTRY			or foreign co	untry)	1	2 CITIZEN	OF WHA	T COUNTRY
Cook		'   -			Mary	-lan	d			U. S.	A.	
13. FATHER'S NAME				1	. MOTHER'S MAI	IDEN N.	AME					
1	loward Broo	ks			Jonna	Wal	lace					
15 WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17 INFO	RMANT			Ade	dress			
No	(,			Hos	pital Re	ecor	ds					
	TH WAS CAUSED BY:	Live	ne for (a), (b), and (c) ]	umani						IN ON	TERVAL BI	ETWEEN DEATH
260 X	IMMEDIATE CAUSE (o	/	DOSCALLE FRE	amort.	<u>.e.</u>							<u> </u>
	DUE TO		rteriosclero	ei e								
Conditions, if o	mmediate		OCT TODOTOTO	210				· · · · · · · · · · · · · · · · · · ·				
Couse (o), sloting lying cause lost.		1	Diabetes Mel	1112								
	FER SIGNIFICANT CON		CONTRIBUTING TO DEATH			TERMIN	JAI DISEASE	CONDITION G	IVENII	N PART 1(a)	10 WAS	ALITOPSY
Chroni			ne associate							14 / / / / / / / / / / / / / / / / / / /	PERF	ORMED?
200. ACC DENT W			CRIBE HOW INJURY OCC								112	] NO 🔼
	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)								-			
ZOc. TIME OF INJUR	Y Month, Doy, Yes	While		le. PLACE foctory	OF INJURY (Home, street, office bid	g., etc.)	20f. (City	or town)	÷ ;========	[County	)	(Slole)
			30/03		, 19.57 , to	Ar	reil l	6 58	<b>.</b>			
glive on Apr	at Vattended the								,th	at I last s	aw the	deceased
glive on_east	77 - 111c	7/14.3	20, gird that de	eath ac	curred of 7			the Causes reet, city or town				ed abave
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SIGNATURE		· Coo	7// 11	M.D.	OLOMI	19 AT	TTG	PAG .			4/	T// 20
PHYSICIAN'S NAME (Type)	ionel McHe	nry ]	Wapp, M. D.		Crowns	svil	le St	ate Hosp	oit	al, Md		
220/ BURIAL, CREMATIC	N, 22b. DATE THEREC	F	22c NAME OF CEMETE	RY OR CE	EMATORY		22d. LOCAT	ION (City, town,	or co	unty}	(Sto	te)
	14-20	- 5-8	Stira	tims	/		Sua	eby Ca	Lu	ut	72	1cl
23. FUNERAL DIRECTOR		P	ADDRESS		240	. REC'D	BY REGISTS	RAR 246 REG	ISTRAI	R'S SIGNATU	JRE //	
16,5	evelle	an	nce fine	oler	cela by DA	TE	10000	150 0	00	1	1	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9, Film \$2.8, 5/2/58 CERTIFICATE OF DEATH Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CTTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) WK. INAPOLIS NNTPULIS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? TRUNDEC 40S YES T NO S NAME OF **First** Middle DATE Month Yeor Day DECEASED (Type or print) DEATH 19.5 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys DIVORCED | popers. WIDOWED L') yes. compl 10a USUAL OCCUPATION (Give kind of work dane during flost of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SEWIFF and Sq. Ť 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 2083 Wes AUNd Polis CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEJ AND DEATH D. PART I. DEATH WAS CAUSED BY ERAL DA. IMMEDIATE CAUSE (0) **DUE TO** INFARCTION Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🗆 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED [County] (Stole) factory, street, office bldg., etc.) Hour a. n. Not while While ot work of work p. m. 21. I certify that I attended the deceased from ...that I last saw the deceased and that death accurred at 500 PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) EELER. APOLIS 226. DATE THEREO! 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State)

JAMES

24g, REC'D BY REGISTRAR

47.0

DATE

24b. REGISTRAR'S SIGNATURE

**ADDRESS** 

TO HOSPITAL OR ATTENDING PHYSICIAN:

Which is a standard but the position of or other discounting to the page 3 should be detached for use as the but the standard for use as the but the stan

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

S.V UALLE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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APR 23 \*\*\*

BECEINED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 home after Reath. If any delay is necrety please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral difference 4 should be fare the formation of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Pour files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, priar to burial, cremation; or its designated agent, priar to burial, cremation; or any event within 72 hours after death. WIN VS. A15ME 5M 2/57

Item 18 Film 220 4-22 The BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1109

04135 Reg. Dist. No.

1		LACE OF DEATH		2 USUAL RESIDENCE (M	there deceased lived. If institutions Resi	dence before admission)
	0	Anne Arundel	MARYLAND	o STATE Mary	and b COUNTY And	ne Arundel
1	Ь	CITY OR TOWN (If outs de corporale timils, wine RUFA), and give nearest lown)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF	autside corporate limits, write RURAL a	nd give negrest fown)
١l		Annapolis		/ Annay	oolis	
4	d	. NAME OF HOSPITAL OR INSTITUTION (II not in hosp	utal, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
		Anne Arundel Gener	ral Hospital	3 Lec	jume Court	YES NO
-	3. 1	NAME OF First	Middle	Lost	4. DATE Month	Day Year
1		Type or print) LOUISE		HENSON	DEATH April	6 19 58
	5. S	EX 6 COLOR OF RACE 7. MARRIE.	D NEVER MARRIED   8.	DATE OF BIRTH		R TYEAR IF UNDER 24 HES
		Female Colored WIDOWED	DIVORCED	1-3-192	37 yrs. Months	Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b Ki gring most of working lifes even of period)	ND OF BUSINESS OR INDUSTR	Maryl	of foreign country) 12 Cl	TIZEN OF WHAT COUNTRY?
	13.	EATHER'S NAME	/	14. MOTHER'S MAJDEN N	AME	/
	(	James (gram	bers	(ann	e Brook	20
		AVAS DECEASED EVER IN U. S. ARMED FORCES? 16 5	OCIAL SECURITY NO. 17 IN	FORMANY	Address	2/
	. ,		10	sephotes	isonis-Lean	ma / Fi
		IB. CAUSE OF DEATH [Enter only one couse per line f	or (o), (b), and (c) )	7		INTERVAL BETWEEN
Н		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tinto	raperitineal	Remorrhage	seconiary to	
1	$\mathcal{A}$	( 1 · DUE TO		ctopic lres		
	<b>`</b>	Conditions, if ony, which) (b)				
Л		gave rise to immediate cause  [a], stating the underlying DUE TO				
4		couse fost. (c)				
	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM!	nal disease condition given in Pa	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		70g. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	HOW INJURY OCCURRED (E	iter nature of injury in Port	For Fort 11 of item 18 }	
	MEDICAL	Hour a.m. While	NOI while of work	E OF INJURY (Home, form ry, street, office bldg., etc.)	(City or town)	ounty) (State)
		21. I certify that I took charge of the r	emains described abov	re, held an Autops	nspection , Inqu	iry , and in my
-1		opinian death resulted from: Natural c	auses 🔲, Accident 🛚	, Suicide , 1	famicide . Undetermined	manner 🔲
-1		120/2	n. Q.1.			
ı		SIGNATURE	~~	M.D CHIEF MEDICAL EX	AMINER [	DATE SIGNED
-		EXAMINER'S		ASSISTANT MEDICA	AL EXAMINER	4/7/58
		NAME (Type) Paul F. Guer	in, M.D.	DEPUTY MEDICAL	EXAMINER []	
	22a	BURIAL CREMATION, 226 DATE THEREOF	224 NAME OF CEMETERY OF	CREMATORY 1	22d tOCATION (City, lawn, or county)	State 17
	L	Jurial 14-10-1958	Brewer	HER	unanows)	Maryana
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'I	P BY REGISTRAR 246 REGISTRAR'S S	IGNATURE/
	1	millesk# 108/10	12 Hesteller	TONIO DATE	so her her	rus

EUTTIN V. S.

FPR 1 1 2

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35	2 4123 CERTIFICATE OF DEATH  Reg. Dist. No. () 4136
filed with	1. PLACE OF DEATH o. COUNTY ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE MARYLAND  ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE MARYLAND  ARUNDEL
aid be	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  ANNAPOLIS  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Annapolis
24	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ANNE ARUNDEL GENERAL HOSPITAL Barbud Lane  6 IS RESIDENCE ON A FARM? YES 140 A
es tand	3 NAME OF DECRASED (Type or print) EDWARD GEORGE HIGGS 4. DATE Month Doy Year OF DEATH APRIL 14, 1958
pletely fille	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  White  Whowed Divorced Oct. 12, 1898  9. AGE (In years lost b'rihday)  59 yrs  Months Days Haurs Min
corbon papers. after death.	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ret. Carpenter  General Building  Calvert County, Maryland  USA
sician o	13. FATHER'S NAME  Charles Higgs  Ella Ward
ing physici re remove i 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address  16 SOCIAL SECURITY NO 17 INFORMANT Address  17 INFORMANT Address  18 Gladys Higgs— Wife— same as # 2
by the attend it. Then plea: ny event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSECTIVE ADRIC AVEURISM  ONSET AND DEATH  ADDITION  Conditions, if any, which  ONSET AND DEATH  ONSET AND DEATH  ADDITION  ONSET AND DEATH  ONSET AND
n signed sit perm and in a	couse (a), storing the under DUE TO  lying couse last.  (c) HY PERTENSION  ADYRS
mayol, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1
n, or re	200. ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
remotio	20c. TIME OF INJURY Month, Day, Year Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of wark of other or wark of the work of t
lached fo	21. I certify that I attended the deceased fram. 3/9, 183, to 4/14, 1938, that I last saw the deceased alive an 1938, and the deceased above.
d be del	ACTUAL SIGNATURE BUILBY BUILFO.  ADDRESS (Street, city or town, stote)  DATE SIGNED
3 shoul	PHYSICIAN'S NAME (Type) Edward S. Beck MD 4/ Southgate ave Annapolis, Md.  220 BURIAL, CREMATION, 226, DATE THEREOF 126, NAME OF CEMETERY OF CREMATORY 1284 LOCATION (CIN. 1998) OF CEMETERY OF CREMATORY 1284 LOCATION (CIN. 1998) OF CEMETERY OF CREMATORY 1294 LOCATION (CIN. 1998) OF CEMETERY OF CEMETERY OF CREMATORY 1294 LOCATION (CIN. 1998) OF CEMETERY OF CEMETERY OF CREMATORY 1294 LOCATION (CIN. 1998) OF CEMETERY OF CEMETERY OF CREMATORY 1294 LOCATION (CIN. 1998) OF CEMETERY OF CEM
poge the re	Burial April 17,58 Hope Chapel Cometery Edgewater, Maryland
5 (4) 0/57	HOPPING PUNERAL HOME Annapolis Md. DATE DR 1 0.50



EUREAU V. S.

15 1)

VS A15 (4) 1SM 9/S5

			Reg. Dist. No.
J. PLACE OF DEATH	A STATE		on: Residence before admission)
Anne Arundel MARYLAND	Maryland	b. COUNTY	Anne Arundel
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If or	utside corporate limits, write R	URAL and give nearest town)
Linthicum Heights		n Heights	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
208 S. Hammonds Ferry Rd.	208 S. Hai	mmonds Ferr	y Rd. YES NOK
3. NAME OF First Middle DECEASED	Lost	4. DATE Mon	/
(Type or print) CAROLYN EMMA	HINER	DEATH Apri	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		9. AGE (in years last birthday)	Months Days Hours Min.
Female White WIDOWED DIVORCED	June 8, 1862	95 yrs.	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
At home	Canada		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N		
Johnathan Reid  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	Mary Mary	Wheatley	
(Yor, no, or unknown) (II yes, give wor or dates of service)			
	<u>Desdemona Hir</u>	ner-208 S. Ha	mmonds Ferry R
18. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c).] PART I, DEATH WAS CAUSED 8Y:			ONSET AND DEATH
IMMEDIATE CAUSE (o) COLE FOR COLOR	a state of the	1.0	2 - 3 4,0
DOETO			/
Conditions, if any, which agave rise to immediate (b)			
cosse (a), stoting the under.	biss. r	* >	1115 4
/ 4/	LIT NOT RELATED TO THE TERMIN	NAI DISEASE CONDITION GIV	EN IN PART I/ol 19, WAS AUTOPSY
CATIO			PERFORMED? YES NO D
206. ACCIDENT WAS UNDERLYING A 206 DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in P	art 1 or Port II of item 18.)	4
	PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.	, 20f. (City or tawn)	(County) (State)
Haur o. m. 19 While Not while of work of work	lociory, sireer, office blog., erc.	'	
21. I certify that I attended the deceased from	19 ½ -/; to	4// 19-10	_,that I last saw the decease
		,	nd on the date stated above
		ADDRESS (Street, city or lown,	
SIGNATURE CLOSES . LOCE	_M.D	2252443	nd. 4/4/4 8
PHYSICIAN'S NAME (Type)		7 4-4	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, o	r county) (State)
Burial 4/5/1958 Woodlawn	Cemetery	Woodlawn	Maryland
23. PONERAL DIRECTOR'S SIGNATURE COLORES	24a. REC'0	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
	W Hohts Aver an	n 7 'En [ ( ) 10	1 . 2 /.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 6 2. USUAL RESIDENCE (Where deceased lived/71f institution, Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN III outside corporate c LENIGTH OF STAY IN 16 c. CITY OR TOWN (If obiside carparote lim'ts write RURAL and give nearest town) and give regrest low d NAME OF HOSPITAL/OR INSTITUTION (if not in hospital, give street pddress) d. STREET ADDRESS e. IS REUTDERUT ON A FAR A? YES NO NAME OF First Middle DATE Month Doy Year DECEASED OF (Type or print) DEATH 1958 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9 AGE I'm years IF UNDER TYEAR IF UNDER 24 HRS with Months Days Hours WIDOWED | DIVORCED DO 100. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during mest of working life, even if retired) 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT Address L 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), 1 INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: UIY IMMEDIATE CAUSE (o) aging a **DUE TO** Canditions, if any, which (61 gove rise to immediate cause DUE TO (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOPSY used PERFORMED? NO F 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18 ) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour While Not while 19 al work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy inspection [ ] Inquiry . ond in my opinion death resulted from. Homicide X Natural causes Accident Suicide | | Undetermined monner io Cer **ACTUA** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR **EXAMINER'S** should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d LOCATION (City, lawn, or county) [State] DREMOVAL (Specify) 90 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HE REGISTRAR'S SIGNATURE REGISTRAR 網II. A15ME 5M 2/57 DATE



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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11 CM CERTIFICATE OF DEATH 04139

L	3	CERTIFIC	AIE OF DEATH	Reg. Di	st. No.
1.	PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where do STATE Maryland	deceased lived. If institution, Residen b. COUNTY Anne	Arundel
	b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town) VENTION	write c. LENGTH OF STAY IN 16 4 years	c. CITY OR TOWN (If outside	e carparate limits, write RURAL and s	give nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) MILLARD First	FILLMORE HUM	DUDEVO To	DEATH Apr. 18.	1958 Year
r	male white w	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Nov. 14. 1886	Jost birthday) Manths yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
10. De	USUAL OCCUPATION (Give kind of work don during most of working life, even if refired) Licattessen Propri	ie tor. Retired	Baltimore 1		IZEN OF WHAT COUNTRY?
1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
]	Millard Fillmore Ho	umphreys	Christina	Brunnett	
15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCE 15. no. or unknown)  [If yes, give wor or dates of servic  Yes   W. W. Dne 2	ce)	informant rs.Ida C.Humph	Address nreys - Ventno:	r Md.
	18. CAUSE OF DEATH [Enter only one could PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [0]	e per line far (a), (b), and (c).]	nmary ede	ma	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate	arteriosclerote	c hypertinne	is Cardis-varino	E1
	tying cause last.  DUE TO	disease with	Trenal for	iluse	3 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE PERMINAL	DISEASE CONDITION GIVEN IN PAR	PERFORMED?
	20g. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING 20 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	16. DESCRIBE HÓW INJURY OCCURR	ED. (Enter nature of injury in Part I	or Part II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19	20d. INJURY OCCURRED 20e. P While Nat while at work at work	LACE OF INJURY (Home, farm, 20 octary, street, affice bldg., etc.)	Of. (City or tawn) (C	County) (State)
	21. I certify that I attended the dealive on Ufn 18	eceased fram Amusica, 19.5 8, and that deat	h occurred at 12126 PM	fram the causes and on the RESS (Street, city or lawn, state)	
L	PHYSICIAN'S NAME (Type)			J	
L	BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) BURIAL Apr. 2].]	22c. NAME OF CEMETERY		. LOCATION (City, town, or county) Baltimore Md.	(State)
	FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS	S.INC. Baltimo	re Md. 240. REC'D BY		ENATURE

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and campletely filled in by the Funeral director, page 3 shauld be defached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

leoth. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before adm as an) PLACE OF DEATH o. COUNTY **6 COUNTY** files. Heolth, Anne Amindel Mary Land MARYLAND Anne Arundel b. CITY OR TOWN III eviside corporate fimile, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 and give negreal fown! Leonardsonville Leonardsonville e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 007 fo, retained f e State Bo r death YES NO 4 DATE 3. NAME OF First Middle Lost Month Yeor DECEASED OF DEATH (Type or print) April 19 JOHNSON 9. AGE |In years IF UNDER TYEAR 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH IF LINDER 24 HES fost birthday) Months Hours Min. Female WIDOWED Colored DIVORCED [ 50 0 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 11 puo during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME N. U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT IS WAS DECEASED (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). along PART I. DEATH WAS CAUSED BY: Asphyxia - Suffecation. IMMEDIATE CAUSE (o) burial-transit Office **DUE TO** Conditions, if ony, which gave rise to immediate cause DUE TO ò (a), stoting the underlying couse lost. U PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? YES (X) NO [ 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Hem 18) Suffocation. Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20r. TIME OF INJURY (County) (Stote) factory, street, office bldg , etc.) While Not while 1958 at work of work Leonardsonville Md. 23. I certify that I took charge of the remains described above, held an Autopsy [3], Inspection [7], Inquiry [7] and in my opinion death resulted from: Natural causes . Homicide 🛣 Undetermined manner Accident\* Suicide DIREC noted DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER [7] ě SIGNATUR ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) Paul F. Guerin. M.D. 226, BURIAL CREMATION | 226, DATE 22C-NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) ò 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE MS A15ME 5M 2/57

S .V UALAUS

CSTITE 88A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO FUNERAL DIREC

VS A15 (4) 1SM 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4169 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04142

Reg. Dist. No.

o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived If institution- b. COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RURA	L and give nearest town)
Laurel	l year	Washingto	on 4	*
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d STREET ADDRESS		e. IS RES DENCE ON A FARM?
District Training School	ol, Children's	fenter1838 Flo	orida Avenue N.V	YES NO DE
3 NAME OF First	Middle	lost	4. DATE Month	Day Yeor
(Type or print) Thomas		Joyner	DEATH April	3 19 58
	RRIED NEVER MARRIED	B. DATE OF BIRTH	. I lost hirthdowl La	UNDER 1 YEAR IF UNDER 24 HRS
	WED DIVORCED	June 6, 195	06 1 yrs.	onths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of Washington		12 CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME	
Bampton J. Joyne:	r	Maude Lee	Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   1.	6. SOCIAL SECURITY NO 17 II	NFORMANT	Address	
{Yes, no, or unknown] {If yes, give wor or dates of service}	S	ocial Service,	Children's Cen	ter, Laurel, Md.
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	assiration	Sneumon	ria	ONSET AND DEATH
752 X DUE TO		1		
Conditions, if any, which } (b)	/			
gove rise to immediate Couse (a), stating the under-	0 1	. 1		
lying couse lost	were kydr	ocephalus		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTR BUTING TO PEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS  MEMber 1. STATE OF THE STATE OF	clardoffin			YES NO H
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	ort I or Part II of item 18.)	
Z 20c. TIME OF INJURY Month, Doy, Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
Hour a.m. While	e Not while foo	ctory, street, office bldg., etc.)		
21. I certify that I attended the deced	sed from U/10	10 57 - 5	1/3 19 381	
olive on 4/3/ 19		19.5 / la 5	4	not I last saw the deceased
one on the one	and that death	accurred at //	yM, from the causes and DORESS (Street, city or town, state	an the date stated above.  DATE SIGNED
ACTUAL SIGNATURE	farmants and	M.D		DATE SIGNED
PHYSICIAN'S NAME (Type)		######################################		
220 BURIAL CREMATION, 22b. DATE THEREOF SECURITY 4-4-58	275 Cemetery OF	elen	22d LOCATION (City, town, or co	cunty) (State)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246 REGISTRA	R'S SIGNATURE
John & Money &	Supp ofamile	MIN DATESTO -	7 158 Perker	ruch.







BUREAU W. S.

DECENAED

VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4171 **CERTIFICATE OF DEATH**  04145

Ren. Dist. No.

	1. PLACE OF DEATH O COUNTY  AND ARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE O.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MAMISE First Middle Middle PAR P Lost 4. DATE OF DEATH 4/22/58 Day Year 19
1	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DATE/OF BIRTH  WIDOWED DIVORCED 2/16/888  9 AGE (in year) IF UNDER I YEAR IF UNDER 24 HRS  lost birthdoy) Months Days House Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME HICKEY 14. MOTHER'S MAIDEN NAME PAULKNER
	15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? 16. OCIAL SECURITY NO. 17. INFORMANTAL (1/4), no or unknown) (If yes, give wor or dates of service) 16. OCIAL SECURITY NO. 17. INFORMANTAL Address The Security No. 17. INFORMANTAL ADDRESS OF SERVICES O
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Ale Te Christal Thrombonic  30 Milliand
	Canditions, if ony, which) (B) Hypertenesive arterioscleratic Cardio-
	gove rise to immediate cose (o), storing the under- lying couse tost.  (c) vascular disease 4-years
1	PART IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED?  YES NO NO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF CAUSE
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of w
1	21. I certify that I attended the deceased from March 10, 1955, talkfred 22, 1958, that I last saw the deceased alive an alive and that death accurred at 10,50 BM, from the causes and an the date stated above.
	ACTUAL R M Mr. Laudelle R R Laudelle R R Laudelle R R Laudelle R R R R R R R R R R R R R R R R R R
	SIGNATURE () ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	220 BURIAL CREMATION, 22b. DATE THEREOF, 22c. DAME OF CEMETERY OR GREMATORY  PREMOVALNISPECTY  A 126 15 B LILLAR RICH THEREOF, (Signe)
	23 PONERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE APP 2 5 '58 Cily educa

BUREAU V. S.

77 An 157/10

FOR STATE HEALTH DEPT.

ry, pleaso fr. Page for files. of Health,

TO DEPUTY MEDICAL INTERMINER: This certificate should be mecused within 24 hours after death. If any delay is necresexecute the certified, writing the ward "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral dashauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for 7 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any exent within 72 hours after death.

VS ATSME 5M 2/57

MEDICA	L EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No. 04146
Arundel 4172	MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on, a. STATE Maryland b COUNTY
outs de corporata em s. verte RURAS	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore
AL OR INSTITUTION (If not in hor	spital, give street address)	d STREET ADDRESS  1833 S. Charles: St. YES NO
RICHARD First R		LOSI A DATE Month Day Yeor  FLAGER DEATH April 13 158

Item	S. Film G-228	11/27/5	8-cac-				Reg.	Dist. No	).		
1. PLACE OF D		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on,									
	Anne Arundel		MARYLAND	o. STATE Mary	land	6 COUNT	T				
b CITY OR 1	OWN (Il outs de corporate (m. s. wi) edrest town)	e RURAL E. LEN	GTH OF STAY IN 16	c CITY OR TOWN	4 (If outside cor	parote limits, write	RURAL o	nd g ve n	learest fo	wn) r	
1	farley			Balt	imore						
	HOSPITAL OR INSTITUTION	If not in hospital, giv	re street address)	d STREET ADDRES	is					ESIDENCE A FARM?	
				1833	S. Cha	rles: St.	•			NO [	
3. NAME OF	RICHARD F	nt R.	Middle	tost	4 DATE	Mont	h	Doy	Υ Υ	100	
Type or prin	") TEROY	्रा -	PMAN/	LACER.	OF DEATH	April	1 1	3	1	58	
5. SEX	6 COLOR OR RACE	7. MARRIED N	EVER MARRIED			9. AGE (In years	-	R TYEAR		ER 24 HRS	
Male	White	WIDOWED	DIVORCED [	7/30/34		fort birthday)	Months	Days	Hours	Min.	
100 USUAL OC	CUPATION (Give kind of work	done 10b KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SI	late or foreign (	country)	12 C	ITIZEN O	F WHAT	COUNTRY	
	of working life, even if ratired) OPEP		Elevator	Md.							
	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME						
	Leroy				Sophia Conway						
15. WAS DECE	ASED EVER IN U. S ARMED FO	PRCEST 116 SOCIAL	SECURITY NO. 17	NEORMANT		Address	-				
Yes, no. or unknow Yes	(If yet, give war or dates of All Forc	terrica)			amilv -	Same					
				· =		Offine		1., -	BALL BETSIE		
- 1	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PART I, DEATH WAS CAUSED BY:							INTERVAL BETWEEN			
	IMMEDIATE CAUSE (a) Gunshot Wound of Head										
784	FX DUE TO										
Candition	is, if ony, which) (b										
	g the underlying DUE TO										
couse los		1			~~~~~~						
Z PAR	T II, OTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA	ART Y(u) 1		AUTOPSY RMED?	
PAR									YES TERRO		
	20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 )										
PRIMARY DE CAUSE OF	PRIMARY ID of CONTRIBUTING DI CAUSE OF DEATH.  Shot by policeman										
3 20c. TIME	OF INJURY Month, Day, Ye			CE OF INJURY (Home,	form, i 20/ (City	y ar fown)	10	ounty)		(State)	
20c. TIME	0, m. 1 fa a 10	While 1	Not while fact	tory, street, office bldg.,	ulc.)				1 .9	262	
		58 of work 🗆 o		street		arley		Art		Md.	
	rtify that I taak charg		-			nspection [].	Inqu	нгу 🗀	, an	d in my	
opinion	death resulted fram:	Natural causes	, Accident	. Suicide .,	Hamicide	Undete	rmined	manne	er 🔲		
	1.1:4.5 1	1/21							DATE S	IGNED	
SIGNATU	E Willen U	BURK		M.D. CHIEF MEDICA	L EXAMINER				Detre 3		
Enterer		, U		ASSISTANT ME	DICAL EXAMINE	ER 📳		1. /21	./50		
NAME (Ty		Lovitt, J	r., M.D.	DEPUTY MEDIC	AL EXAMINER			TATI	1/20		
220 BURIAL C	REMATION 276 DATE THERE	OF 22c NA	ME OF CEMETERY OR	CREMATORY	22d LOCA	TION (City, fown,	or county	)	(Stat	<b>»</b> ]	
REMOVAL B	4/17/58		edar Hill		Balt	to.					
23. FUNERAL D	IRECTOR'S SIGNATURE	AC	DORESS	24a. R	EC'D BY REGIS	A . W	. /		1		
He bull	y Funeral Home	s * I30 E.	Cort Aver	rue DATE	APR 1 5	5 '58	U.A.R	ALLE.	分		

S'A Diversit



1.,	il	1.+	۸m الا ۱۵	MARY	LAND S	TATE DEPAR	MENT OF	HEALTH	I—BALTI	MORE, 1		4.4.810
FOR ST	AF	7	20 20	,	EDICA	LEXAMINE	R'S CERT	TIFICAT	E OF D	EATH	Reg. Dist. No.	4147
HEALTH	GEPT.	1.	PLACE OF DEATH	7944-4.	T-19-	V W M	2. USUAL	RESIDENCE (WI	here deceased I	lived. If institut	on: Residence before	e odmission)
oge oge St.	-		o. COUNTY	nne Arund	lel	MARYL	AND 0. STAT	New New	Jerse	y b. COUNTY		
Par /	100	1	CITY OR TOWN I	If autside corporate ( m ts. s	or In RURAL	c LENGTH OF STAY II	t 16 c. CITY				URAL and give nee	rest town)
7 7 7	M)	-4	Linthi		cal )	Minutes	Riv	erton				*
dece.	1		NAME OF HOSPI	TAL OR INSTITUTION	(If not in hosp	stal, give street oddress	d. STRE	EET ADDRESS			· I	a IS REGIDENCE
e de	00		Friend	ship Air	pont		603	Warri	ngton	Ave.		ON A FARM?
Fune fune toin Statis			NAME OF DECEASED		First	Middle			4. DATE	Month	Doy	Yeor
2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			(Type or print)	Geoi		н.	Lathbur	w	DEATH	April	1 11	1958
f gar to t to t i.fr. t	烂		SEX *	6. COLOR OR RAC	E 7. MARRIEI	D NEVER MARRIED	B DATE OF B	URTH	9. /	and he sale of the	FUNDER TYEAR	the second second
10 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		Largeryn	ale	White	WIDOWED		J J	0, 1900	6	51 yrs.	Months Doys	Hours Min
Garlean Ge		100	. USUAL OCCUPATI furing most of worki	ON (Give kind of woring life, even if retired	1)	IND OF BUSINESS OR II		HPLACE (Stote o	r foreign count	(7)		WHAT COUNTRY?
Po L	-1.	- 14		man.	Ma.	rine Equi	p. F	Philade	lphia	, Pa	USA	
M. M. M.	1 )	13.	FATHER'S NAME					ER'S MAIDEN NA				
P P P		-	The second second second	ge H. Lat				Elizabe	eth K	insey		
7 2 2 E		15, [Yes	WAS DECEASED EV	VER IN U. S. ARMED I		OCIAL SECURITY NO.			50:	1 METh	Street	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-		8	KU	9-12-1949	G. H. 1	Lathdur	Ca.	mbridg	e, N. J.	
T E De				ATH [Enter only one of ATH WAS CAUSED BY:	ouse per line fo	ar (a), (b), and (c). ]					INTERVA	AND OFATH
sit _ c.			110 - 1	IMMEDIATE CAUSE	(a)/	Diabetic/	Coma/				Su	dden_
it in fice fice fron			4-201	DUE T	0	an .						
a de de la			Conditions, if a gave rise to imme		(ы)С	oronary Oc	clusion	and Dia	abetes			
	-		(a), steling the		0							
Sharing Sharing		_	couse lost.	,	(c)	-						
age age		ğ	PART II. OT	HER SIGNIFICANT CO	NDHIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMIN	IAL DISEASE CO	INDITION GIVE	N IN FART 1(6) 19.	WAS AUTOPSY PERFORMED?
per control	- ,	5	20- HYTEBNAL CA	Her was	201 DECEMBE						YE	s □ NO 🛣 □
Ard .		E 1	200, EXTERNAL CA PRIMARY () or CO CAUSE OF DEATH.	NTRIBUTING []		HOW INJURY OCCUPA						
Per Per		At C	20c. TIME OF INJU			psed whil						
San Garage		MEDICAL	Hour a, m.		White	Not white	factory, street, of	frice bldg., etc.)	201, (City or )	Ppwn)	(County)	(Stote)
the the rior		*	p. m.			k of work	Street		Linth			Md.
A 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			4			emains described					Inquiry 🔼,	and in my
			apinion death	resulted fram:	Natural co	auses 🕟, Accide	ent [_], Svic	cide [], Ho	amicide [	, Undeterr	nined manner	
O HI T			ACTUAL /	2.11-	1 N/F	when	2111					DATE SIGNED
Die Cer	-		SIGNATURE_	ween	1/10	nun	- Q-4=-	EF MEDICAL EXA	-			
The The XAL	3	2	EXAMINER'S	etawa W	Fauba	mt M D		ISTANT MEDICAL	-	1. 1	0	
NEW PER		77-	NAME (Type) 1	stave H. ON, 1226. DATE THER	TRUDE	PE, M. D.		UTY MEDICAL EX				- 1
Z Shee			REMOVAL (Specify	h./10/		-		2	278 LOCATION	l (City, town, or	county)	(Stote)
5 , 4 5 ,		235		ES SIGNATURE /	7.0	US Nation	al Cem-	240 250380	Bever		W Jera	<b>5y</b>
S. AISME		1	amisa	C/Cup!	ent a		- 345		NY REGISTRAR	1. 1603	I LULLY	
5M 2, 57	1		obbruk i	and Kirk	roll	len Burni	Ma.	DATE	The statement w	1	Tribulation are a state of	

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		MARY	AND.	STATE DEPA	RTM	ENT OF HEAL	TH—BAL	TIMORE, 18	3	0	11	48
		1	17/	CERTI	FIC.	ATE OF DEA	TH		Reg. Dist.	•	14.1	313
1. PL 0.	ACE OF DEATH COUNTY	Anne Aruno	iel	MARY	LAND	2. USUAL RESIDENCE OF STATE	Where decease			before o	-	
Ь	CITY OR TOWN (	f outside corporate limi	ls, write	c. LENGTH OF STAY		<del> </del>		orate limits, write RU				
		Whisville, 1		4mos, 26d	ays	Balt	imore			7		*
d	OR INSTITUTION	AL (If not in hospital, g				d street address 2547		te Ave.			S RESID	
	AME OF	Fire	s†	Middle		Lost	4. DATE OF	Month		Day	Ye	100
	ype or print)	Edgar	2			Latimer	DEATH	4		8	19	58
5 SE			7 MARR	ED NEVER MARRIE		B DATE OF BIRTH		9 AGE (In years lost birthday)	FUNDER 1		UNDER	24 HRS Min.
	Male	Negro	WIDOWE	- 100		9/5/1895		62 yrs				
10a I	USUAL OCCUPATION of world	ON (Give kind of work i king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11 BIRTHPLACE (SI						OUNTRY?
	Laborer						Carolir	ıa	υ.	S. A	•	
13. F/	ATHER'S NAME					14 MOTHER'S MAIDE						
		rge Latime				-	Nickson					
I5. W		R IN U. S. ARMED FOR Iff yes, give wor or dates of s		SOCIAL SECURITY NO		NFORMANT		Addre	\$5			
	Yes	W.W.I				Hospital Rec	ords					
1		ATH [Enter only one co	use per lin	e for (a), (b), and (c).						INTERV	AL BETY	WEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Hypostatic	Pne	umonia						CATI
.	4.22.1	DUE TO		_						) u	ays	
	Conditions, if o		C	<b>ârdiov</b> ascu	lar	Disease			si	nce	adm	issie:
	gave rise to i couse (a), stating lying couse lost.											
Z F	PART II OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	N IN PART I	(o) 19. \	WAS AL	JTOPSY
CATION											PERFOR	MED?
RTIF	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OF	CCURRE	ciated with D (Enter noture of injury	in Port I or Par	OSCLETOS   5 if II of stem 18.)	š		- U	100
MEDICAL	Oc. TIME OF INJUR Hour o. m.	Y Month, Day, Yes	While	UURY OCCURRED  Not while of work		ACE OF INJURY (Home, fictory, street, office bldg.,		y or town)	(Co	unly)		(Stole)
		at Lattended the	decente	of from Novem	ber	13, 19 57, 10 1	April 8	10 58	that I I-		the -	locograd
	live on Ap		1958			accurred at 5:3						
- 1	/ ?	11	1	7 7 GIG IIIGI	Geam	decorred of		m me causes an		acre		E SIGNED
A	CTUAL OF THE	olegarild	EB!	ill teron		M.D. Crowns	*	•		n day dan day day dan d		8/58
2	HYSICIAN'S H	lldegard He	ard F	leissmann,	М	D. Crowns	ille S	tate Hospi	tal,	Md.		
220	PURIAL CREMATION OF MOYAL (Specify)	N. 22b. DATE THEREO	5-0	Dalle	TERY O	or CREMATORY L	22d. LOCA	TION (City, toyri, or	county)	e	(Stote)	ucl.
23 64	NERAL DIRECTOR	S SIGNATURE	66	ADDRESS (W. Bar	R	17	EC'D BY REGIS	h. /	RAR'S SIGN	ATURE		
4	runge	1000	00			DATE	28 1 1 '56	3 UUA	chie	4		

SZEL AL

			MAR	YLAND	STATE	DEPARTA	MENT (	OF HEALTH	H—BAI	TIMORE,	18	Λ	1111
Min			۳	417	5 C	ERTIFIC	ATE (	OF DEATI	Н		Reg. Dist.	1/	4149
(SE)	1	PLACE OF DEATH o. COUNTY	A. A.			MARYLAND	2 USU/ 0. 51	AL RESIDENCE (WITATE Md.	here decease	b COUNTY	rion, Residence Y A . A .	before odn	nission)
		b. CITY OR TOWN (I RURAL and give no ARNOLD	If outside corporate eurest town)	imits, write	c. LENGTH	OF STAY IN 16	1	A TOWN (IF		orote limits, write	RURAL and give	e nearest to	owu) **
	$\vdash$	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospite	L give street	oddress)		X.	Arnolo TREET ADDRESS	1			la IST	RESIDENCE
00	L	or institution Longview	on the M	agothy	*				w on	the Mago	thy	ON	A FARM?
		NAME OF DECEASED (Type or print)	м	ARGERY		Middle S.	LEA	Losi CH	4. DATE OF DEATH		nth ril	Doy 27,	Yeor 19 5
	5.	SEX	6 COLOR OR RA	CE 7. MARI	RIED R NEVE	R MARRIED 🔲	B DATE (	OF BIRTH		9. AGE (In years last birthday)		EAR IF UN	IDER 24 HRS
		female	white	WIDOW		DIVORCED 🔲	Feb.			62 yrs	111001111111111111111111111111111111111	oys Hou	rs Min.
	100	USUAL OCCUPATION during most of world	ON (Give kind of wo king life, even if reti	rk done 10b.	KIND OF BU	SINESS OR IND	JSTRY 11.	BIRTHPLACE (Stote	or foreign o	country)	12. CITIZE	N OF WH	AT COUNT
	_	Housewif			at hom	8		Maine					
	13.	FATHER'S NAME					14 MC	OTHER'S MAIDEN	NAME				
		William						Eleano	r Lyc				
	15.	WAS DECEASED EVE	R IN U. S. ARMED I (If yes, give wer or do'm.	ORCES? 16.	SOCIAL SECU		INFORMAI				dress		
		no			none		ir.R	Fletche	r Iea	ch Rt. 1	-Pox 50	o, Arn	old M
-	1		ATH [Enter only one LTH WAS CAUSED B									INTERVAL ONSET AN	BETWEEN ND DEATH
~ \		1 Ful of	IMMEDIATE CAUSI	(0)	Carc	inomato	nsis						
		154X	DUE	ТО									
m. I		Conditions, if o	mmediate	(b)	Card	Lnom8	cectu	jui				195	56
		couse (o), stating lying cause last.		10									
	Z		HER SIGNIFICANT C	ONDITIONS	CONTRIBUTIN	G TO DEATH BU	T NOT REL	ATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART 1	(a) 19 WA	S AUTOPSY
O	Ĭ			•								PER	FORMED?
	CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEA	20b. DES	CRIBE HOW I	NJURY OCCURR	ED. (Enter (	nature of injury in	Port i or Po	rt II of item 18.)			<del>x</del>
		20c. TIME OF INJUR			NJURY OCCU	RRED 20e P	LACE OF II	NJURY (Home, farm	n. 20f. (Cit	y or town)	ICox	intvi	(State
	MEDICAL	Hour g.m.	1	9 While	Nat whi	le N	octory, stree	et, office bldg., etc	:)		(		,,,,,
	-	21. I certify th	ot Lottended t	ha dacaar		1956	1	9, to£	\nn17	27 10 E	Questile		
			pril 6	10	_ ^	,		ed at 7P					
		dive dil	1		7	I .	i occorr			itreet, city or town			DATE SIGN
		ACTUAL SIGNATURE	Mano	W J	ζ. (	vall	M.D.	Severna	Pani	le Menage	Lond		
ş			Franci	s T.	Codd	M.D.		<del></del>	14-Glab d	ىلىنىكىنىڭ سىسومىدىكات ئالىنىكىنىڭلىكىنىكاتىكىنى	d- 6H-16h		
, u		PHYSICIAN'S NAME (Type)				• • •	* :==						
	220	REMOVAL (Specify)		REOF	22c. NAME	OF CEMETERY	OR CREMA	TORY	22d LOCA	TION (City, town,	or county)	(S	tate)
	_	Rurial	1/30/5	8	Mo	reland )	lem. E			Balto., N	id.		
	23.	FUNERAL DIRECTOR	'S SIGNATURE	. n ± 1	ADDRES	is it	10A	240 REC	D BY REGIS	TRAR 246 REG	ISTRAR'S SIGN	ATURE	
		MM. A.	Lever	wo	rxicu	N - VU	ayu		2 9 '58	LI .	Such		
		V					2111	1					

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BUREAU V. R.

2901 OE R9A

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by 12- hospital or attending physician.

TO FUNEAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the recall director, page 3 should be deficial or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 I

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MARTLANE	STATE DEPARTM	ENI OF MEALIN	-BALIIMORE, 13	•
412	6 CERTIFICA	ATE OF DEATH		Reg. Dist. No.() 415()
1. PLACE OF DEATH  COUNTY	MARYLAND	2. USUAL RESIDENCE (WHATE O. STATE	re deceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)  CLAMAINAM	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	tside corporate limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, of the street of Institution)	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES Y NO
3. NAME OF DECEASED (Type or print) SALLIE	ANN L	INTON	4. DATE Month	Doy Yeor 7 2 2 195 F
temale White widow	VED 2 DIVORCED	8. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. EIRTHPLACE (Slote o	r fareign country)  Add 1	12. CITIZEN OF WHAT COUNTRY
Jeseph Chune	4	EMILY	ROUFN HO	WES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yos, no, or unknown) (If yos, give wor or dotes of service)	SOCIAL SECURITY NO. 17. 11	RES. BEHIBYO.	shears A4"	ndpolis.
18. CAUSE OF DEATH [Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (0), (b), and (c).] Culdir ws	ular des	lase	INTERVAL BETWEEN
Conditions, if ony, which ) (b)	aluti	nepheril	is	
gave rise to immediate cause (a), stating the <u>under</u> lying cause lost.	· puln	may ades	ma	
Pam 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Part II of item 18.)	
G Hoor c. p. While		ACE OF INJURY (Home, form, story, street, office bidg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decear alive on April 22 196				that I last saw the decease d on the date stated above
ACTUAL SIGNATURE Drilly H.	lulem		DORESS (Street, city or town, st	
NAME (Type)				
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 4/25/J-5	200 A Ke	R CREMATORY	ATUES OILL	Younty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SALES SALES	Leef 240. REC'D	170	PAR'S SIGNATURE





## MARYLAND STATE DEPARTMENT OF HEALTH

		41	76	CERTIFIC	CATE C	F DEAT	Н		Reg. Dis	I. No.	)4151
	PLACE OF DEATH D. COUNTY Amn	e Arundel		MARYLAN	2. USUA o. ST/	RESIDENCE (V Marylar	Where deceas	ed lived. If institut b. COUNTY	ion Residenc	e before d	odmission)
	b. CITY OR TOWN (If RURAL and give ner Cro		s, write	c. LENGTH OF STAY IN 1	b c. CIT	Y OR TOWN (IF	f outside corp	porote limits, write l			
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)	d. ST	REET ADDRESS					S RESIDENCE ON A FARM? ES NO A
	NAME OF DECEASED (Type or print)	Fir ROSA	st	Middle	LO	tost NAN	4. DATE OF DEATI	Moi		Doy 3	Year 19 <b>58</b>
F	emale	White	WIDOW		Jul	y 13, 1	1897	9. AGE (In years lost bighday) 60 yrs.	Months		UNDER 24 HRS.
	Bou	N (Give kind of work on the life, even if retired to the life wife.	one 10b.	ewn home		RTHPLACE (Stol			US		VHAT COUNTRY?
	FATHER'S NAME Willia				M	THER'S MAIDEN					
	WAS DECEASED EVER	IN U. 5 ARMED FOR f yes, give wor or dates of s	rnce)		informan		Lowman	SrHus b	and -	Same	as # 2
	PART 1. DEAT	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  y, which ) (b) Immediate (	cl	pertensivi			sevla.	- disoni	,0	ONSET	AL BETWEEN AND DEATH
L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	abetes !	101	CONTRIBUTING TO DEATH B				_	VEN IN PART	· ·   P	WAS AUTOPSY PERFORMED?
MEDICAL	20c. TIME OF INJURY Hour a. jt. p. m.	Month, Day, Yea	While	NJURY OCCURRED 20e. Not while of work		JURY (Home, far , office bldg., el		ly or lown)	(Ca	ounty)	(Stote)
	21. I certify the	at I attended the		ed from OCF				319.52			

MEDICAL CERTIFICATION ACTUAL SIGNATURE

(Stote)

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burlal

Edward J. Skerritt

22b. DATE THEREOF

Gambrills, Maryland 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Millersville, Maryland

23. FUNERAL PIRECTOR'S SIGNATURE Hopping Funered Home

Baldwin Memorial Cemet. ADDRESS

Annapolis, Md.

240. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

ESO: UNABRU

OBAGE,

MARYLAND STATE DEPAR

M	ENT OF HE	ALTH—B	AL	TIMO	DRE, 1					
CA	TE OF DE	ATH				R	eg. Di	st. No.	04	152
40	2 USUAL RESIDER	NCE (Where derry Land	cease		If institution	on:	Resider	ace befo		on}
16	c. CITY OR TO		corpo	rate limi	ts, write R	U RA	L and	give nec	rest town	)
	Anna	apolis.								
	, d STREET ADD								e. IS RESI	
	4 Alder	Road.	Sev	rem	Home	3		- 1		FARM?
	Lost	4. D	ATE		Mon	-		Do	y Y	'ear
M	ADRIGAL	DI	EATH	A	oril			20	0 1	9 58
	B. DATE OF BIRTH			9 AGE	(in yeors pirthdoy)	_			IF UNDE	
] [	17 April	1958		1051	yrs.	M	onths	Days	Hours	Min
NDUS	TRY 11. BIRTHPLAC	E (State or fore	ign c	ountry)			12. CF	TIZEN C	F WHAT	COUNTRY
	Mary:	land						U.	S.	
	14. MOTHER'S M	AIDEN NAME					b			
	Carmen	GAMPON.	IA							
17. It	NFORMANT		-		Add	ess				
U,	S. Naval	Hospita	al,	Anı	apol	is	, M	[ary]	Land	
								INTE	ERVAL BET	DEATH DEATH
NI	1							21	+ HOU	RS
BUT	NOT RELATED TO TI	1E TERMINAL D	ISEAS	E COND	ITION GIV	EN	IN PAR	RT 1(o) 1	9. WAS A	UTOPSY
1000	), (Enter nature of in	sium in Bost I a	n Dag	a 15 mf 5a.	- 191				YES K	NO 🔲
AREL	, thire notice of i	njory in roit i c	A LOL	I ALON NI	en toij					
e. PL/	ACE OF INJURY THO	me, form, 20f.	(City	or low	)		t	County)		(Stote)

. 1958 that I last saw the deceased and that death accurred at 5:35 AM, from the causes and on the date stated above.

U.S. Naval Hospital, Annapolis, Md 4-20-58

U.S. Naval Hospital, Annapolis, Md.4-20-58 22d. LOCATION (City, town, or county) (State)

240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

PUREAU V. S.

MITATE DETA

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moy be retained the hospital or attending physicion.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the wareral director, page 3 should be the hospital or the buriot-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaral, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

eath. Page 4

CERTIFICATE OF DEATH

	417/	CERTIFIC	AIL OF BLATT	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Who	ere deceased lived. If institutions Resi	dence before admission)
Anne Arun	del .	MARYLAND	D. C.	b. COUNTY	
&b. CITY OR TOWN (If outside co		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	alside corporate limits, write RURAL o	nd give nearest town)
RURAL and give nearest fown Laurel		ll yrs.	Washington	41	4
d. NAME OF HOSPITAL (If not in or institution	n hospital, give street		d STREET ADDRESS		e. IS RESIDENCE
District Traini	ng School,	Children's Cen	er-734 Barnes	Street NE	ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	tost	4. DATE Month	Day Year
(Type or print)	Thomas		Marshall	DEATH April	2 1958
5. SEX 6. COLO	R OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
male Ne	gro wibow	/ED DIVORCED	March 27, 193	12 26 yrs Month	ns Days Hours Min.
10a. USUAL OCCUPATION (Give kinduring most of working life, ev	nd of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of	or foreign country) 12.	CITIZEN OF WHAT COUNTR
auting mast of working me, ev	en ii sestradi		North C	Carolina	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
(Putative) Jos	nn C. Long		Lucille Ma	rshall	
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16		NFORMANT	Address	
(141), NO. OF DIRECTIONS (1)	er or dates of vervice)		Children's Cen	ter, Laurel, Md.	
18. CAUSE OF DEATH [Enter	only one couse per l				INTERVAL BETWEEN
PART I, DEATH WAS C	AUSED BY:	10	1 tuber 14	Par is	ONSET AND DEATH
1 1/ IMMEDIA	TE CAUSE (o)	purmoner	J. ALGURIA	constant	-1/11/
	DUE TO	<i>'</i>			
Conditions, if any, which	(p)			<del></del>	
coese (a), stating the under-	DUE TO				
lying couse tost.	) (c)				
PART B. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART I(o) 19 WAS AUTOPSY PERFORMENT
	al bal	sy with 1	reulal Just	andalione	YES 40
20g. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL I	OF DEATH	SOMEE HOW INJURY OCCURRI	D. (Enter noture of injury in P	ort t or Port II of Item 18.]	
3 20c. TIME OF INJURY Month,	Day, Year 20d.	INJURY OCCURRED 200. P	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
20c, TIME OF INJURY Month,	19 While	Not while	ictory, street, office bldg., etc.)		
		sed from Alla no	L 1956, 10 Q	hr: 02 105 St.	I last saw the decease
121 /	7 10	7	4-611		
alive on Werek		and that deat		M, from the causes and or ADDRESS (Street, city or town, state)	
ACTUAL MICHAEL	10	7/	1	COURESS (Street, City or fown, store)	DATE SIGN
ACTUAL SIGNATURE		<u>ganamananakenn</u>	M.O.		*
PHYSICIAN'S NAME (Type)					
220 BURIAL, CREMATION, 22b. D	ATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, fown, or count	(Stote)
Burial 4	-4-58	DTS. Cent	the	Lawel m	el .
23. FUNERAL DIRECTOR'S SIGNATU	JRE C	ADDRESS	240. REC'D	BY REGISTRAR 246. RIGISTRAR'S	
Jahn & Mon	un pos	upp DTS L	aut DATE	APR / '55 LEVE	reduch

MA II - ALL'S

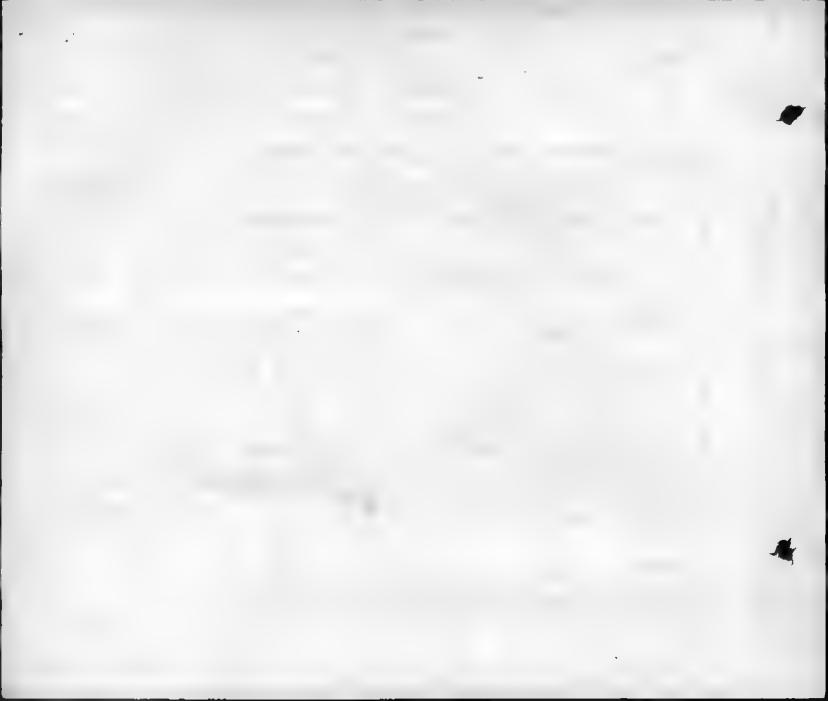
TOTAL A MAN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

1. PLACE OF DEATH

PHYSICIAN: The law requires that the death certificate

	CITE ILE CE ZEEL CMARYLAND JEEL S. COUNT CE Land Co remove
Ŀ	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	decree Daging Take indoned france
0	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM?
	John Jan 100 YES NO
- 1	NAME OF DECEASED Type or print)  A DATE OF DEATH  Day Year  DEATH  Day Year  1955
5. S	MAKKED M LAFACK HINKKIED ST.
**	WIDOWED DIVORCED WIDOWED WID
00	USUAL OCCUPATION (Give kind of work done during most of working life, even if sefired)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPPACE (Stote or foreign country)
3.	FATHER'S NAME, 14 MOTHER'S MAIDEN NAME
	1/8 cue v de 3 Des 2 Coda de de la van
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address
1141	Les the state of t
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)  ONSET AND DEATH
	114X DUE TO
	Conditions, if any, which) (b) # £ 22 1 2 2 ( ( ) - 1 2 4 1 4 4 2 1/4 4
	gove rise to immediate couse (a), stating the under DUE TO
	lying couse last. (c) In the course last.
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? YES NO THE
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m.  P. m. 19 Of work o
	21. I certify that I attended the deceased from 12 2 1922, ta 12/12 29, 1922, that I lost saw the decease
	alive an 43/11472, 1928, and that death occurred at 10 457 M, from the causes and an the date stated about
	ADDRESS (Street, city or town, stote) DATE SIGN
	SIGNATURE 9 - 7/2 / 1/2 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PHYSICIAN'S 17 () () and the state of the st
	NAME (Type) POB BYUTTDOUTE
220	BURIAL, CREMATION, 776 DATE THEREOF 220 MAME OF CEMETERY OF CREMATORY 228. LOCATION (City, town, or county) ( ) (Syste)
1	Service \$73/1958 Saints Just Com. Hormans 1/10
23	FUNERAL DIRECTOR'S SHENATURE ADDRESS 3 2 240. REC'D BY REGISTRAR 246 REG STRAR'S SIGNATURE
1	Mithalie K. Mill Mary Salvert of a DATE 2 '58 008 and
-4	



4179 CERTIFICATE OF DEATH

Reg. Dist. No.

VYV- ROLLINA

04155

1	2. 1, 0 1/2					Keg, Dist, I	NO.
1.	PLACE OF DEATH O. COUNTY	MARYLAND	2 USUAL RESIL	EFICE (Where decease	ed lived. If instituti b. COUNTY		plane admission)
1	b. CITY OR TOWN Ut outside corporate limits, write RURAV and give hearest town JULHIZ	H OF STAY IN 16	c CITY OR 1	OWN III outside corp	arote limits, write R	_	nearest town)
[	d NAME OF HOSPITAL (If pot in hospital, give street address) OR INSTITUTION LATINGTHEM APIZ	BME	d STREET A	DDREST 19/0/	E hr	3045.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	1/04	Lay DATE		7/2/1	Day Year / 2- 19 1
	SEX A PLE LA THE WIDOWED IN	DIVORCED [	DATE OF BIRTI	6.1900	9. AGE (In years lost birthdoy)	Months Day	FAR IF UNDER 24 HRS ys Hours Min.
	o USUAL OCCUPATION (Give kind of work done 10b KIND OF E during most of working life, even if retired)	MUSINESS OR INDUS ハク尼。	1	14:4/4	country) /	12. CITIZEN	S-H-
	GLOSELE MAC. Ju			MAIDEN NAME	5 BR		2 3
	WAS DECEASED EVER IN U. S/ARMED FORCES? 16. 50CIAL SE 19. no. or unknown) 11 yes, give wor or dofes of service) 214-C	3-6130-	HAR 1	22314	1/6 96	ress	AnBOR YA
	18. CAUSE OF DEATH [Enter only one cause per lyne) for (a). ( PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	b), and (c) [ 112 - 701=	24 + A	1/4124		d	NTERVAL BETWEEN DISET AND DEATH
	Conditions, if any, which gove rise to immediate	× 97, E	PARL	2 UM 4	43315		2. 485.
	lying cause last DUE TO	ary Ce	BOA.	19.7 ASI	ind in	(3/LA	1412.
CAT	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	47817	100			EN IN PART 1(c	PERFORMED?  YES NO 19
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			I injury in Part I or Pa			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCC While Not p.m. 19 of work of work	vhiletoc	CE OF INJURY (I	tome, form, bldg., etc.)	y or town)	(Cour	(Stote)
	21. I certify that I attended the deceased from alive on 1957		occurred at	7			saw the deceased date stated above.
	ACTUAL SIGNATURE F. 61.	72 K A	AD 7/5		Street, City, or town.	state)	DATE SIGNED
	PHYSICIAN'S R. IV. PRICHAZ	20 11/1	),	· · · · · · · · · · · · · · · · · · ·	Y		
22	BURIAL, OREMATION, 226 DATE THEREOF 22c. NAAR REMOVAL Specify) 4-16-58	AE OF CEMETERY OF	17	726. 10C	CLO.	or county)	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE ADDI	tess/		240 REC'D BY REGIS		STRAR'S SIGNA	TURE

may be retained the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the meral director, page 3 should be decached for use as the burial-transit permit. Then please remays eschon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in ony event within 72 haars after death. eath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after VS A15 (4) 15M 9/55

BUREAU Y. S.

11 1959 A 12 1958

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DE CITATE

BUNEAU V. R.

VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4129 CERTIFICATE OF DEATH

Rea. Dist. No.

04157

						Keg. Di	11. 140.	
OCOUNTY FUNE ARUN.	DEL	MARYLA	II a STATE	IDENCE (Where de		institution Resident COUNTY	before adm	asion)
b. CITY OR TOWN (If outside corps RURAL and give nearest town)	orole limits, write c	LENGTH OF STAY IN	1b c CITY OR	TOWN (If outside	corporate limits	, write RURAL and o	ive nearest to	wn)
ANNAPOLIS		[ Mo.	MA	SSAPE 8	PUA	PARK I	10, 9 73	K1120)
d. NAME OF HOSPITAL (IF not in h OR INSTITUTION		dress)	d. STREET	ADDRESS				ESIDENCE A FARM?
ANNSARUN	DEL GENE	RAL		9 15	TER	57		NO 🔀
R. NAME OF DECEASED (Type or print)	SARAH	Middle	ORGANSH		DATE OF DEATH	1-28	Day	Yeor 1958
SEX 6. COLOR O	R RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIR	тн	9 AGE {	48 4 4	1 YEAR IF UN	
FERALE Whi	TE WIDOWED	DIVORCED [	1 APRIL	5,1895	2 6	( yrs. Months	Days Hour	Min
Oa USUAL OCCUPATION (Give kind during, most of working life, even	if retired)	NO OF BUSINESS OR I		LACE (State or for	eign country)		ZEN OF WHA	
3 FATHER'S NAME	0 0			S MAIDEN NAME				
Hynn	IN REA	CHEL		NA 1	P. RE	16HEL		
S. WAS DECEASED EVER IN U. S. ARI			ELERIT .	RUSENL	32000	Address	- 57 Å	Jany 200
PART I. DEATH WAS CAU IMMEDIATE ( L/ 20 .   Conditions, if any, which) gove rise to immediate	SED BY. CAUSE (o) DOCUMENT (b)	ulmone	order Eder	urio na	n a	acute	INTERVAL I	
couse (o), stoting the under-	DUE TO V		(					
PART II. OTHER SIGNIFICATION  200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CIF EITHER, NOTIFY MEDICAL EXA	ANT CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL D	DISEASE CONDIT	ION GIVEN IN PART	PERF	ORMED?
200 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	G DEATH F DEATH MINER)	BE HOW INJURY OCCU	JRRED. (Enter nature	af injury in Port I	or Part II of item	18.)		
20c. TIME OF INJURY Month, I Hour a. m. p. m.	While	IRY OCCURRED 204 Not while of work	PLACE OF INJURY factory, street, office	(Hame, form, 20f te bldg., etc.)	f. (City or town)	_ · _ (C	ounty)	(Stole)
21. I certify that I attend alive an 4-2-3  ACTUAL SIGNATURE 4 Carel  PHYSICIAN'S 4-1-1-1-1	8 - 1955 M flex	and that de	eath accurred at				e date sta	
NAME (Type) / d'2/	3 m 36	<del>/                                    </del>	_ 1	222	port	u lo	<u> </u>	
REMOVAL (Spec Ty)	y - 17 7	MT HEBI	OF CREMATORY	224	LOCATION (GIY	, town, or county) AFW	YOK.	ole)
FUNERAL DIRECTOR'S SIGNATURE	har Miles	S ADDRESS	480015,14	240. REC'D BY F	REGISTRAR 24	B REGISTRAR'S SIG	NATURE 1	•

BUREAU Y. S.

VECEINED

4180

**CERTIFICATE OF DEATH** 

Ren. Dist. No.

04158

	a O	()			Reg. Dist. 140.
1. PLACE OF DEATH  o. COUNTY Anne Arus	ri el	MARYLAND	2. USUAL RESIDENCE (W	There deceased fixed. If institution b. COUNT	on Residence before admission) Reanoke
D 1041 and aims no	outside corporate limits, wi arest town). INA POLIS	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Roans	outside corporate limits, write l	*URAL and give nearest town)
d NAME OF HOSPIT OR INSTITUTION 15 House	At (If not in hospital, give s	reet oddress)	d. STREET ADDRESS	St N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOAL First	A PAR PA	RDUE Last	4. DATE MOI OF DEATH APRIL	1th Day Year 4 19 58
5. SEX <b>Ma le</b>		MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH July 24, 18	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Retired	ing life, even it retired)	106 KIND OF BUSINESS OR INDU	Virginia		12 CITIZEN OF WHAT COUNTR
13 FATHER'S NAME			14. MOTHER'S MAIDEN		
	E. Pardue		Mary M.		
	IN U. S. ARMED FORCES? If yes, give wor or dates of service)		informant 's Mary G. Pat	rdue- Wife- San	**
Conditions, if or gave rise to in cause (a), stating the lying cause last.	he under-	Joronary	- Hermi	y o y c	ONSET AND DEATH
Z Z					VEN IN PART I(6) 19 WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	V		ACE OF INJURY (Home, for clary, street, affice bldg., et		(County) (State)
21. I certify the alive an ACTUAL SIGNATURE	at I attended the dec		. 19, to	1) -	that I last saw the decease and on the date stated above state) DATE SIGN:
PHYSICIAN'S NAME (Type)	James R. Mar	etin MD	6 Shaw S	treet Annapo	lis, Maryland
220. BURIAL, CREMATION REMOVAL (Specify) ValBurial	4-5-58	Cedar Lawn Co		22d LOCATION (City, lown, Roanoke, Virg	
23. FUNGEAL DIRECTORY	- LI WITH	Amapolia, M	24g. REG	APR 7 '58 24 REGISTER	STRANS DIGNATURE

Page 4 may be retained by Apopial or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remaye curbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayof, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter VS A15 (4) 15M 10/57

SELL ES.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		- MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 04159
HEALTH DEPT.		LACE OF DEATH. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
Poge es.	,,,	COUNTY (LI a County MARYLAND O. STATE) ary light COUNTY (Li a County
- E =	b	CITY OR TOWN (If outside corporate limits, wife agency fown) (c. LENOTH OF STAY IN 1b) CYCITY OR TOWN (If outside corporate limits, wife RUSAL and give nearest fown)
	1	TANGLEGOVOCCOMA  ADJAME OF HOSPITAL OR INSTITUTION (J. right in highpital, give street address)  d. STREET ADDRESS  (e. 15 RESIDENCE
Board Board	j	Havidsonville Manufand
toner former former feeth	3.	NAME OF Lost/ 4. DATE Month Doy Yeor
the Start		Type or printy//Welled Lowel Durley DEATH 4-3 1958
3 to may to make the major to make the major to make the major to major t	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 HRS.  Months Day's Hours Min.  WIDOWED DIVORCED 1
2 d 2 d 2 d 2 d 3 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4	10a	USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11a BIRTHPLACE (Stote on fareign country)  17. CITIZEN OF WHAT COUNTRY?  18. CITIZEN OF WHAT COUNTRY?
1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		Maryland U.S.A.
MG.	13.	FATHER'S NAME
ro Per		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT
E SE	[Yes	no. or unknown) (If you give war or dolfs of vernes) (Skizabetha Dalestopulsonvillely)
Maria		18. CAUSE OF DEATH [Enter only one course per fine to! (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY-
a Item		IMMEDIATE CAUSE (0) PURPLE CAUSE (1)
Office More		Conditions, if any, which) (b)
20.00		gave rise to immediate cause (a), stating the underlying DUE TO
min a	_	couse lost. (c)
pendin cal Exc esed o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO
Medic Medic Mid be	CERTIFI	205. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 6 or Part 11 of item 18)
Nex: In age the vector of the vector of the be	MEDICAL	20c, TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) Hour e, m. While Not while of work of work of work
Pag Pag		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
OR:		opinion death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner
forward of or		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER D
A Colored Colo		ASSISTANT MEDICAL EXAMINER []
des des	_	NAME (Type) /- 1/1/1/4/KOY DEPUTY MEDICAL EXAMINER & 4-5 3 8
a short	220	BURIAL CREMATION. 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or equity)
5 5	23:	TUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 RECISTRAR'S SIGNATURE
/S A15ME BM 2,57	2	Villiam Relieff amapalis, md DATEDRIA 158 Political

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MINITED AND

BUILLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4130 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) s. COUNTY b. COUNTY PARTLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 195 S. SEX 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours Min WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even, if retired) MEMS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) permit. Conditions, if ony, which gave rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. FAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Slote) factory, street, office bidg., etc. Haur G. M. While Not while at work 🔲 oi wali p. m. 21. I certify that I attended the deceased from 19\_\_\_\_that I last saw the deceased and that death occurred at 1. [LIM, from the causes and on the date stated above. ADDRESS (Street, ACTUAL SIGNATURE" O PHYSICIAN'S NAME (Type) Soll 220. BURIAL CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 2711 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 1SM 9/SS



moy be retained by

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4131 **CERTIFICATE OF DEATH** 

04161

									Reg. Dist. I	No.	
1, PLACE OF DEATH o. COUNTY					2. USUAL RESID	DENCE (Who	ere deceased live		Residence b	pefare admis	s'on)
ANNE A	RUNDEL		MAR	YLAND		YLAND		b. COUNTY	VE ARU	NDEL	
b, CITY OR TOWN (I RURAL and give no ANNAPO	'	ts, write	c. LENGTH OF STA	df NI Y		OWN (If or	utside carporate l				n)
	AL (If not in hospital, g	ive street ac	ddress)		d. STREET A						FARM?
109 TOLS	ON STREET				109	TOLSO	N STREET	[		YES	NO [1
3. NAME OF DECEASED (Type or print)	MARY	st 🛔	PARKI		las	1	4. DATE OF DEATH	Month APRIL	19	Day	Year 19 <b>5</b> 8
5. SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARE		DATE OF BIRTH	+	9 A	GE (In years II	FUNDER 1 Y	EAR IF UND	
Female	White	WIDOWED	DIVORC	ED 🔲	May 7.1	868	10	89 yrs.	Manths Day	ys Hours	Min
10a USUAL OCCUPATION	ON (Give kind of work a	done 10b K	IND OF BUSINESS	OR INDUST	RY 11. BIRTHPL	ACE (State of	or foreign country	1	12. CITIZE	OF WHAT	COUNTRY
	a wife		own home		Ann	apoli	s. Marvi	hend	III	SA	
13. FATHER'S NAME					14. MOTHER'S						-
	ry Rehn					Doris	(Unknow	m)			
15 WAS DECEASED EVE [Yes, no. or unknown]	R IN U. S. ARMED FOR		OCIAL SECURITY N	O 17 INI	FORMANT			Addres	S		
no	10-	n	one	W4.1	liam Pa	rkins	on-Son	- Bame	AR #	2	
18. CAUSE OF DEA	ATH [Enter only one ca	use per line	far (o), (b), and (c	12	(A)					NTERVAL BE	
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (d)	Ur	akun		Ca	cc_c	2			ONSET AND	DEATH
1 11 5	DUE TO	.40				1	0	,	1		0
Canditians, if a	ny, which ) no	Life	ulmal	(In	the same	1 14	16178	وربروسا	6	36,20	· 8 4m
gave rise to i	N DITE TO			7	1	-U N G				1.00 470	
Lying cause last.	the <u>under-</u>	. //	1-5.121.	17-7 4	/				1	Je man	P 11 1-11
Z PART II. OTH	HER SIGNIFICANT CON		INTRIBUTING TO D	EATH BUT	OT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVEN	J IN PART 16	119. WAS	AUKOPSY
CATH									***************************************	PERFC	NO T
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESCR	RIBE HOW INJURY	OCCURRED.	(Enter nature of	finjury in P	ari I ar Pari II af	item IB.)			
ZOC. TIME OF INJUR	Y Month, Doy, Yeo	20d INJ While at work	Nat while	20e. PLAC	E OF INJURY (I wy, street, affice	Home, farm, bldg., etc.)	20f. (City ar to	>wn)	(Coun	rly)	(State)
21 Leaviste th	at I attended the	doceoses	terom Wa	mpl =	31.1958	w H	tril 14	N 10/8	65 a 6 1 1	A Ab .	4
olive an Co	mil 19	10.52		ر ماد ماد ماد داد د ماد ماد	occurred at,	2281	As Committee		thot I last		
Dilve dil_254	1	, 1724.2	a ona ina	i deain d	occurred at,	. مگذرون ماوي	M, from the				ed abave ATE SIGNE
ACTUAL SIGNATURE	Cleve	2/	Purve	S_M	0.40 /	-70	ull	u St-L	luce	26/2	6 Uc
PHYSICIAN'S NAME (Type)	J. OLIVE	R PUR	VIS MD		40 FRA	NKLIN	STREET,	ANNA	POLIS	, MARY	LAND
220 BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c NAME OF CEA	AETERY OR	CREMATORY		22d LOCATION	(City, tawn, ar	caunty)	(Stol	e)
Burial	4-23-58		St. Ann	e's C	emeterv		Annapol		 	0	
23. FUNERAL DIRECTOR	SSIGNATURE	ens ~	ADDRESS			24a. REC'D	BY REGISTRAR	24b REGIST	AR S SIGNA	5.0	
HOPPING RU	NERAL HOME	12	napolis.	Manuel	and	DATE AT	2 5 '58	lis	) earl		
	THE PARTY OF THE P	//-AII	Habolts,	PIECY	and		1) 4	1			

WY VI - July

8361 G- 994A

BUREAU V. E.

Page 4		director,	led with	, p
urs ofter death.		by the Mineral	d 2 should be fil	1
ted within 24 ha		mpletely filled in	pers. Pages I on	
TO RESITAL OR ATTE "ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4		TO FUNERAL DIREC	page 3 should be a consider use as the butial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filted with	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.
hot the death ce		y the attending	. Then please re	event wilhing 72
a fam requires t	physician.	as been signed t	ial-transit permit	avat, and in any
PIIYSICIAN: Th	may be retained by cospital ar attending physician	this certificate h	or use as the buri	remation, ar rem
OR ATTE "	ed brancopi	IREC After	t be directed for	oriar ta burial, c
VO RESETAL	may be retain	TO FUNERAL D	page 3 should	the registror t

VS A15 (4) 15M 10/57

			HEALTH—BALTIMORE,	18
4182	CERTIFICATE	OF	DEATH	

04162

Reg. Dist. No.

1, PLACE OF DEATH 0. COUNTY	nne Arunde	1		MARYL	- 16	2. USUAL RESIDE o. STATE		ere deceased	lived If institut b. COUNTY		nce before o		in)
b. CITY OR TOWN (I RURAL and give no	outside corporate lim	its, write	c. LENG	TH OF STAY I	N 1b	c. CITY OR TO			ple limits, write l	-			V
	ille, Md.		22	days	- 1	Ste	evens	ville,	Md.	17	,,	,	
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	jiva street o	oddress)			d. STREET AD	DRESS					S RESIL	
	lle State	Hospi	tal					None					NO 🔲
3. NAME OF DECEASED	Fi			Middle		Lost		4. DATE OF	Mo	nth	Day		900
(Type or print)		hanie				Peet		DEATH	4		24		9 58
5. SEX	6. COLOR OR RACE	7. MARR	IED 🔲 N	IEVER MARRIE	D <b>.</b> B.	DATE OF BIRTH		1	P. AGE (In years lost birthday)	Months	R 1 YEAR IF		
Male	Negro	WIDOWE	D 🔲	DIVORCED		5/15/36			21 yrs	Months	Deys H	ours	Min
100 USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	dane 10b.	KIND OF	BUSINESS OF	RINDUST	RY 11. BIRTHPLA	CE (Stote o	or fareign co	untry)	12. CI	TIZEN OF V	VHAT (	COUNTRY
None	ing the, even it terribe	<b>'</b>   -			-	Mary:	land			U	J. S.	A.	
13. FATHER'S NAME						14. MOTHER'S A		AME					
J	ohn Peet					Della	Madd	lox					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL S	ECURITY NO.	17 INI	ORMANT			Ado	dress			
(Yas, no or unknown)	(If yes, give wor or dotes of the common of	m(vite)			Н	spital :	Recor	ds					
18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne for (o).	(b), and (c).]							INTERV	AL BET	WEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	, E	ronc	hopneur	nonia	ı.					ONSET	AND	ZEATH
251X	DUE TO					, , , , , , , , , , , , , , , , , , , ,					21	,	P.
Canditions, if a	nv. which \	. 1	ienta	l Defi	ciend	y, Seve	re				tr.	lol	100
gave rise to in	mmediate (	1									T.		
lying couse lost.	the <u>under-</u>	9	past	ic Quad	drip	Legia					1X1	tel	NA
Z PART II OTH	IER SIGNIFICANT CON	-	ONTRIBU	ITING TO DEA	TH BUT N	OT RELATED TO 1	HE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o) 19. 1	WAS A	UTORSY
NO PART II OTH												ERFOR	NO 💽
OR CONTRIBUTING	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HO	W INJURY OC	CURRED	(Enter nature of	injury in P	ort I or Port	II of item 18 )				
20c. TIME OF INJUR Hour o. m p. m.	Y Month, Day, Ye	or 20d. IN	NJURY O	CURRED	20e. PLAC	E OF INJURY (H	ome, form,	20f. [City	or town)		(County)		(Slote)
Hour o. m	19	While of work	Not w	while vork	facto	ry, street, office l	bidg., etc.					_	
				Ameri	1 2	· 58	. Ar	ril 2		8			
1 1 1	at I attended the pril 24	decease 	- 1								last saw		
alive on	// //	, 12_4	777	and that	death (	accurred at 6					the date		
ACTUAL TH	Clear Villa	Mike	12.	07-					eel, city or town,	, stote)		DAI	TE SIGNE
SIGNATURE 1	My W WC	11/10	1/4	an	M	D. Cr	OWNS	rille,	Md.			4/2	5/58
PHYSICIAN'S NAME (Type)	ildegard E	eard	Reis	smann,	<u>M.</u> I	o. Cr	ownst	rille :	State Ho	spita	al, Md	e	
220. BURIAL, CREMATIO			22c N/	ME OF CEME	TERY OR	CREMATORY	-51	22d. LOCATI	ON (City, town,	or county)	11	(Stote)	0
REMOVAL (Spectiv)	upru 2	7, 1932	صحمان بيرانكا	Ten	ens	nelle	Gen	- si	leven	ini	lle	ome	ed
23 PUNBRAL DIRECTOR	S SIGNATURE	,	ADI	DRESS .	3			BY REGISTR	AR 24b REGI	ISTRARYS SI	GNATURE		Ç.
harnes	19/1	14	dulant	4 60	- In	2 - Mr St	DATE	APR 2 9	'58 (1	Une	such		



SUREAU V. S.

1	1.	PLACE OF DEATH  o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
12		Annapolis	> Pasadena
and a		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS e. IS RESIDENCE
		The Anne Arundel General Hospital	707 Birch Ave.
	3.	NAME OF Free Added	Lost 4 DATE Month Day Year
		DECEASED (Type or print) Baby bo	OF
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR) IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED	April 11. 1958 lost birthdoy) Manths Doys Hours Min.
	10c	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	
		during most af working life, even if relired)	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Dominald Cwith Danton	Warrianna Crean
	15.	Reginald Smith Porter WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	Marianne Green
		is, no. or unknown) (It yes, give war or dates at service)	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
		BART I DEATH MAD CAUCED BY	INTERVAL BETWEEN ONSET AND DEATH
		MEQ 1 DUE TO	stic dwarf (severe,
		1/58.   DUE TO incompate	able c life)
		Conditions, if any, which by gove rise to immediate (b)	
	1	couse (a), stating the <u>under-</u> lying couse lost.  DUE TO	
	z	(-)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
e	CERTIFICATION	The Monte State of the State of	PERFORMED?
	15	200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)
	EE	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CD. (Earlier Monthle of Inquity in Fish For For It of Alem 10-)
			"LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDICAL	Hour o. m. While Not while	PLACE OF INJURY (Home, form,   20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	×	p. m. 19 of work of work	
		21. I certify that I attended the deceased from 4/11/	, 19.58., to $4/11$
		alive on 4/11/58, 19, and that deat	h accurred at $9:24$ Myfram the causes and an the date stated above
		A ATTION	ADDRESS (Street, city or town, stote)  DATE SIGNED
1		SIGNATURE 1 / Somuch	M.D\$XX\$XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		BELYELCI A AUG	Amos Gannett Rlvd.
		NAME (Type) S. Borssuck, M.D.	Annapolis, Md.
17	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY LIBERT ARIENTED	
		4	- Para
			n Orexel Hill, Pa.
	23	FUNERAL DIRECTOR'S SIGNATURE  Kenneth P. Thomas, Cambridge, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 6 58  Linking L. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FilmG234 10-6-58 et

Replacement for stillbirth certificate.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04164 4183 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write Marvland c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld weeks Baltimore Pleasant Beech d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mount Avenue 3703 Harlem Avenue YES NO puo 4. DATE NAME OF First Middle Last Month Day Year filled GECEASED 19 58 April DEATH (Type or print) Relle Roloff Mrs. Sarah IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost burthday) Months Days Hours Min. White 188 Female DIVORCED [ February 1 WIDOWED | yrs. cample 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

Maryland 12. CITIZEN OF WHAT COUNTRY? SA after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McGann Eliza \_\_\_\_ 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no, or unknown) (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Š Ė any Conditions, if ony, which been signed gove rise to immediate i. ber DUE TO casse (a), stating the underpup lying couse lost. burial-transit physician PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY remaval, PERFORMED? YES NO R 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) AEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work . 1954, that I last saw the deceased 21. I certify that I attended the deceased from 4 and that death occurred at 12:45 AM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT **ACTUAL** SIGNATURE 8 prior should PHYSICIAN'S FUNERAL NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) may Burial Poplar Grave Baltimore Co April Warren 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Falls Road VS A15 (4) Burgee Funeral Home 3631 0 15M 9/SS Baltimore

death

HOSPITAL

O

TO A DOT US

ALTE DEPT. PLACE OF DEATH a. COUNTY MARYLAND Marvland Anne Arundel b. CITY OR TOWN (I to side corporate imils, write RURAL c. LENGTH OF STAY IN 1b Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS 25 Second Street Anne Arundel General Hospital 3. NAME OF Lost 4. DATE DECEASED FRED RUPP (Type or print) DEATH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years 5. SEX WIDOWED [ DIVORCED [] Male 100 USUAL OCCUPATION (2) kind of work done 10b, KIND OF BUSINESS OR INDUSTRY Cyling most of working Deligion of cettred) BIRTHPLACE (Stole or foreign country) 14. MOTHER'S 16. SOCIAL SECURITY NO 17. INFORMANT Address or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Dr Wnite IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), staling the underlying couse fost. 200. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18 ) Fell from scaffold 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) 19 5 8 of work A of work Annapolis Street opinion death resulted fram: Natural causes , Accident x, ACTUAL CHIEF MEDICAL EXAMINER IX SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF CEMETERY OR CREMATORY 240. REC'D BY REGISTRAR A15ME BM 2/57

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If auto-de corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO April. 10 IFUNDER TYEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL DELWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F (County) (State) Md. 2). I certify that I taak charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7] and in my Suicide . Hamicide . Undetermined manner DATE SIGNED 22d LODATION (City, town, or county) 246 REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

NUTUAL APR 1 S. V. S.

4184 CERTIFICATE OF DEATH

Reg. Dist. No.

04166

	<u> </u>		Keg. D	IST. INO.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution Reside b. COUNTY	nce before odm ssion)	
The state of the s	MARYLAND	786 777 1 27		ARUNDEL	
b. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	ulside corporale limits, write RURAL and		
TO THE	3 77,000	X FERTDALE	(Girm or T	2.3	
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		a. IS RESIDENCE	
1302 STEN AVENUE		1302 OTE	ν Δ77Ε 1111	YES NO-F	
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year	
DECEASED (Type or print)		CATTONER	OF DEATH A TOTAL TI	77. 19 50	
5 SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	P AGE (In years IFUNDE	R 1 YEAR IF UNDER 24 HRS	
TITATE WITTE WIDOWE	DIVORCED 🔲	SETT. 77.	lost hirthdoy) Months	Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Stole of	or foreign country) 12. C	TIZEN OF WHAT COUNTRY?	
during most of working life, even if retired)	TI (TO 11		44 184 24	T.3.A.	
13 FATHER'S NAME		14. MOTHER'S MAIDEN N			
ANDY STELLZY		ELIZABLE			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 117	INFORMANT	Address		
(Yes no, or unknown) (If yes, give war or dates of service)	370377	m C 38473 TO C	MANU ETRYDA	THE BELL	
		ind, withher .	Alexander de la		
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	** 4. ** **			ONSET AND DEATH	
IMMEDIATE CAUSE (a)	ala a withing a.	A 9		104	
DUE TO	a same a der es	A		E	
Conditions, if any, which ) (b)	CANDIO/VAS	O'Lar Distant		100 1/-	
gove rise to immediate couse (o), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO	
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part (I of item 18.)		
2		ACE OF INJURY (Home, form, iclory, street, affice bldg., etc.)	20f. (City or lown)	(County) (Slate)	
Hour o.m. While of work		iciory, sireel, artice chag., etc.)			
21. I certify that I attended the decease	ed from	1948, to 12	77 19 73 that I	last saw the deceased	
			M, fram the causes and an		
1 1- 100	1 14		DDRESS (Street, city or lown, state)	DATE SIGNED	
SIGNATURE ELECTIVE & La	erberally	M.D.	to 1994 1994 1994 1994 1995 1994 der der der der som den som	1;-37-70	
	BERT, M.D		و المعر المالم المعرف ا		
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, lown, or county)	(Stote)	
LANDELL ROPLL LANDO	3- Juni	July 1	THEOLOGIC	(FT) :	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 246 REGISTRAR'S S	SNATULE	
	FRT TO 1	TM DATE N	PR 1 5 '58 00000	1	

may be retained by the hospital or attending physician.

O FUNERAL DIRECT AND After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer defits. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57

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4133 **CERTIFICATE OF DEATH** Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed o. STATE b. COUNTY 1 MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) (RA) and give neares! Jown) should masoci 9 d. NAME OF HOSPITAL (It high in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE (00 ON A FARM YES NO gug NAME OF 4. DATE Month Year Day DECEASED DEATH (Type or print) 19.3 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years lost birthday) Months Davs Hours DIVORCED [ WIDOWED | popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ond 13. TATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address [If yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which any gove rise to immediate ě **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 17 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, form, Doy, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) O. m. While Not while ot work at work p. m. 21. I certify that I attended the deceased from... 44..., 1955 that I last saw the deceased and that death accurred at & H M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DIREC PHYSICIAN'S NAME (Type) FUNER, BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 9 FUNERAL DIRECTOR'S SIGNAN 24b KEGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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6361 A.I. 8ds



4134 **CERTIFICATE OF DEATH** Rea. Dist. No I director, filed with 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH o. COUNTY **b.** COUNTY MARYLAND b. CIN OCTOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CIDYOR TOWN (If outside corporate limits, write RURAL and give nearest town) RARAL and give nearest lovin) d. NAME OF HOSPITAL of not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF Middle DATE Month Year DECEASED (Type ar print) DEATH 6\_COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED | WIDOWED [ yrs. papers. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working like even if regired) BIRTHPLACE (Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line-(ex.(a), (b), and (cf.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 4 4 OLA DUE TO Canditians, if any, which gove rise to immediate **DUE TO** cosse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗔 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at wark of wark P. III. 21. I certify that I attended the deseased fram 24.that I last saw the deceased and that death occurred at\_\_\_\_\_\_\_ A, fram the causes and on the date stated above. LODRESS (Street, city or town, state) DATE AIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 229 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY LOCATION (Cition town ()(State) CHEMOVAL (Specify) 0 EMNERAL DIRECTOR'S SIGNATUR ADDRES 24a, REC'D BY REGISTRAR 24b\_REGISTRAR'S-SIGNATUR **VS A1S (4)** ISM M/SII

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		4186 CERTIFICATE OF DEATH Reg. Dist. No. 04171
I director, filed with		PLACE OF DEATH  COUNTY  O. STATE  O. MARYLAND  O. STATE  O. MARYLAND  O. STATE  O. MARYLAND  O. MARYLAND  O. STATE  O. MARYLAND  O.
the death	2	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  A HAME OF HOSPITAL (If not in hospitol, give street address)  ORMINISTRATION  ORMINISTRATION  ORMINISTRATION  ORMANIA
d b		Xamel R. F. D. ma
hin 24 ho y filled in ages 1 an	3.	NAME OF DECEASED LOST First Middle Smith OFATH Child 14 1968
E 55	5.7	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  1. Months Doys Hours Min.  1. Months Doys Hours Min.
te be executed with a corbon papers.	1	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
physician or mova corbo	13	FATHER'S NAME There's NAME And Denson and Days I
	IS. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT  The property of the particles of services of se
I the death ce the attending Then please = vent within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
igned by H permit. T		Conditions, if any, which gove rise to immediate couse (a), stoting the under (b) DUE TO  Using cause last.  (b) Asterno sclar ctic. heart dustage  DUE TO  (c)
The law req ng physician. e has been si burial-transit remaval, and	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO
r ottending to the certificate has e as the burial tian, ar remay	CERTIF	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or off this certi r use as emation	MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of wark at w
in control of control		21. I certify that I attended the deceased from March 3, 1950, to March 1950 that I last saw the deceased alive on April 3, 1955, and that death occurred at 1230 PM, from the causes and on the date stated above.
d A TEND		ACTUAL SIGNATURE AND WE WILLIAM ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  M.D.
retaine At Dill havid fror pr		PHYSICIAN'S NAME (Type)
HOSP nay be FUNEI age 3 he regi	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
VS A15 (4) 15M 9/55	23/	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC.D. BY REGISTRAR'S SIGNATURE  240. REC.D. BY REGISTRAR'S SIGNATURE  ATE
i Atti scan	le:	Laurel mol



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4188 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** 

Reg. Dist. No.

04173

		LACE OF DEATH COUNTY	Anne Arun	del	MA	RYLAND	2	USUAL RESIDENCE (WAS STATE Maryl		b COUNTY		dence befo altim		
1	RURAL and give nearest town)			7ys,6mo,25das		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore					" /			
1	•	OR INSTITUTION	il (If not in hospitol, g		oddress)			d. STREET ADDRESS 917 Jorda	n Alle	N.				IDENCE FARM?
	3. 1	NAME OF DECEASED	Fin		Mide	He		Lost	4. DATE OF	Mar	oth	Do		Year
	5. 5	Type or print)	6 COLOR OR RACE				0 D	Spinner ATE OF BIRTH	DEATH	9 AGE (In years	[IE IINI	2 DER I YEAR		19 58
	J. 3	Female		WIDOW		CED [		9/18/96		lost birthday)	Month		Hours	Min.
	100.	. USUAL OCCUPATIO during most of work	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLACE (Stole	or foreign co	ountry)				COUNTRY?
	12	Domesti FATHER'S NAME	c				100	Pennsylvan				U.S.	A.	
	13.						14	MOTHER'S MAIDEN I						
	15.		NOWN	CE57 16.	SOCIAL SECURITY N	10. 17. 1	NFO	MANT		Jnknown Add	lness .			
	]Yel.	No or unknown) (1	I yes, give wor or dates of si				Ha	enital Pasa	nde					
	No Hospital Records  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]							INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: Hypostatic Pnoumonia												
		DUE TO												
		Conditions, if ony, which by Cerebral Hemorrhage												
		couse (a), stating to	he under- DUE TO	A:	rterioscl	eroti	c '	Vascular Di	sease					
/ _ (1)					VEN IN F	ART 1(o) 1	9. WAS	AUTOPSY						
2	CATION													RMED?
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (1F EITHER, NOTIFY /	UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D {E	nter nature of injury in t	Part I ar Part	III of item 18 )				
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	NURY OCCURRED  Not while  k  ot work			OF INJURY (Home, form street, office bldg., etc		or town)		(County)		(State)
		21. I certify the	at I attended the	decease	ed from Ju	ne		. 1955 . to Ap	ril 2	19 58	3.that	I last so	w the	deceased
į		21. I certify that I attended the deceased from June , 1955, to April 2 , 1958, that I last saw the deceased alive an April 2 , 1958 and that death occurred at 3:00A.M. from the causes and an the date stated above.												
		ACTUAL SIGNATURE	ilderar	elf	1. Keim	Me	M.D.	Crownsvi		reet, city or town,	state)			TE SIGNED
1		PHYSICIAN'S Hill	degard Hes	rd R	eissmann,	M. D		Crownsv	rille :	State Hos	spit	al, M	kd.	
	220	BURIAL, CREMATION	22b. DATE THEREO		22c NAME-OF-CE		RCR	el School	22d LOCAT	TION (City, town,	or count	y)	(Stot	e)
		FUNERAL DIRECTOR'S	SIGNATURE	2	ADDITES	-54 . 0			D BY REGIST	RAR 24b.sPEGI	STRAR'S	SIGNATU	SE,	
	91	m. Rees	c#1081	Win St	1. A. J.	2m 70	10.1	MIG DATE	FR 9	356 1	上江	esuc	Bern	



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Reg. Dist. No.  1. PLACE OF DEATH O COUNTY  ANNE ARUNDEL  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before and one of the country of the purished corporate limits, write around the composition of the country of	gwn)						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest fown)  ANNAPOLIS  d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ANNE ARUNDEL  3 NAME OF GENERAL  3 NAME OF GENERAL  3 NAME OF GENERAL  4 DATE Manth Day First Middle Lost ANNE ARUNDEL BEATH APRIL 8  5 SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED OCTOBER 1888  6. COLOR OR RACE 7 MARRIED NEVER MARRIED OCTOBER 1988  6. COLOR OR RACE 7 MARRIED NEVER MARRIED OCTOBER 1988  6. COLOR OR RACE 7 MARRIED NEVER MARRIED OCTOBER 1988  6. COLOR OR RACE 7 MARRIED NEVER MARRIED NAME  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fareign country)  11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WITH NEW MARRIED NAME  AMOS Stallings  13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	gwn)						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  ANNAPOLIS  d NAME OF HOSPITAL (If not in hospital, give street address)  ANNE ARUND ET. GENERAL.  3. NAME OF HOSPITAL (If not in hospital, give street address)  ANNE ARUND ET. GENERAL.  4. DATE OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DEATH  Month Doy DEATH  APRIL  8  9. AGE (In years lost birthday) Months Days Ho DIVORCED DOCTOBER 25. 1888  100. USUAL OCCUPATION (Give kind at work done during most of working life, even if retired)  Retired Farmer  104. STREET ADDRESS  6. Lost  4. DATE OF DEATH  APRIL  8  9. AGE (In years lost birthday) Months Days Ho DIVORCED DOCTOBER 25. 1888  69 yrs.  105. STREET ADDRESS  106. STREET ADDRESS  107. DATE OF DEATH  APRIL  8  108. STREET ADDRESS  109. STREET ADDRESS  15. INFORMANT  16. STREET ADDRESS  17. DATE OF DEATH  APRIL  18  19. AGE (In years lost birthday) Months Days Ho Mont	RESIDENCE						
ANNAPOLIS  d NAME OF HOSPITAL (If not in hospital, give street address)  ANNE ARUND ET. GENERAL.  3. NAME OF HOSPITAL (If not in hospital, give street address)  ANNE ARUND ET. GENERAL.  4. DATE OF DEATH OF DEATH APRIL 8  5. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   B DATE OF BIRTH OF DEATH Maje White Widowed   Divorced   October 25, 1888  100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)  Retired Farmer  OWN farm  14. MOTHER'S MAIDEN NAME  Susian Phibbons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	RESIDENCE						
OR INSTITUTION  ANNE ARUND FI. GENERAL.  3 NAME OF DECEASED (Type or print)  ALBERT CHEZZLEY STALLINGS  5 SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVO	RESIDENCE						
DECEASED (Type or print)  ALBERT CHEZZLEY STALLINGS  5 SEX  6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED October 25, 1888  White WIDOWED DIVORCED October 25, 1888  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer  OWN farm  Harwood Maryland  USA  13 FATHER'S NAME  Amos Stallings  Susian Phibbons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT  Address	N A FARM?						
5 SEX  6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In years lost birthday)   Months   Days   Ho  White   Widowed   DIVORCED   October 25, 1888   69 yrs.    100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or fareign caunity)   12 CITIZEN OF WIDOWED   13 FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Susian Phibbons   Susian Phibbons   Susian Phibbons   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17 INFORMANT   Address	Year						
Maje White WIDOWED DIVORCED DOCTOBER 25, 1888   Mail birthday)   Months Days Ho  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stoke or fareign caunity)   12 CITIZEN OF WIDOWN    Retired Farmer   Warwood Maryland   USA    13 FATHER'S NAME   14. MOTHER'S MAIDEN NAME    Susian Phibbons   15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT   Address    Address   Address   Address   Address   Address    Address   Address   Address   Address    Address   Address   Address    Address   Address   Address    Address   Address   Address    Address   Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address   Address    Address	19 58						
100. USUAL OCCUPATION Give kind of work done of work done of the life of the l	- 1						
Retired Farmer own farm Harwood, Maryland USA  13 FATHER'S NAME  Amos Stallings  14. MOTHER'S MAIDEN NAME  Susian Phibbons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	III COUNTS						
13 FATHER'S NAME  Amos Stallings  14. MOTHER'S MAIDEN NAME  Susian Phibbons  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address	AF COUNTRY						
Amos Stallings  Susian Phibbons  Address  Address							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address							
no no no New Yes, no or unknown)   18 yes, give wor or dotes of service)   18-36-4950   Mrs Carl S. Ward - Daughter- Willersvil	1. 143						
	BETWEEN						
PART 1. DEATH WAS CAUSED BY.  ONSET AND DEATH  U.G. D. C.							
DUE TO O D + P P P P P P P P P P P P P P P P P P							
Conditions, if ony, which ) (1) Weterin - Lat. Myo Enchal Infanct 7 days							
gove rise to immediate cause (a), stating the under DUE TO							
lying couse last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	AS AUTOPSY REORMED?						
TES YES	NO 🗌						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W PE YES  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OR CONTRIBUTING  CONTRIBUTIONS CONT							
	40						
20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a. m. 19 While Nat while of wark at wark	(State)						
21. I certify that I attended the deceased from 1/21. 3 1958, to Man f. 1958, that I last saw t							
alive on My and that death occurred at 2 4 M, from the causes and on the date s	ated above						
ADDRESS (Street, City or town, state)	DATE SIGNED						
SIGNATURE (amul TK MWM) M.D. 31 Soult GN/2 CW 4	415 1						
PHYSICIAN'S MAURICE							
	va va						
REMOVAL (Specify)	Md.						
Burial 4-10-58 Davidsonville Nothodist Davidsonville Md.  23 FUNENAL DIRECTOR'S SHOWARDER ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE	Md.						
Hopping Funeral Home Annapolis, Md. DATE APR 1 4 '58							

x Large Printer



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

10

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

monto

PERFORMED? YES NO P

(State)

(Stole)

Days

(County)

within 24 death certificate be

1SM 10/57

112 V. 15 2/10 828: 7 89A

C

MARYLAND	STATE DEPAI	RTMENT OF	HEALTH-B	ALTIMORE,	18
				•	

4190 CERTIFICATE OF DEATH

04178

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY						
ANNE Grandel MARYLAND	manyland GNNEGRUNDEL						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)						
Millersville Md +1/2	FINTHICUM X						
d NAME OF HOSPITAL (If not in hospital, give street address) 4/403 +	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?						
SANNE DARSING Home	361 Fair MOUNT Rd YES NO						
3 NAME OF DECEASED (Type or print) Oliver 2 9 amilton w	Lost 4. DATE Month Day Year OF ATH 4 9 1958						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min						
male white WIDOWED   DIVORCED	6-13 1906 Silvis Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?						
Stage Bldg marylawl Dry Docks	MAY land USA.						
13. FATHER'S NAME							
Olever ward	Dell Boyd						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
217.630081	ORA EWEISh. LPN.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Center Heart	fartuice /-tr-						
DUE TO							
Conditions, if any, which) (b) Changolio she	Ceteral solewine Squet-						
gove rise to immediate Code (a), stating the under							
lying cause lost. (c)							
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
ICAI	YES NO						
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Part I or Port II of item 18.)						
	LACE OF INJURY (Home, farm, 20f (City or town) (County) (Stale) actory, street, office bldg., etc.)						
Hour a.m.  p. m.  19 While Not while of work of work	water, sites, other ways, sites						
21. I certify that I attended the deceased from.	1955, to april 9 , 1955, that I lost saw the deceased						
alive on March 1955, and that deat	57 A 1						
71	ADDRESS (Street, city or town, Atole) DATE SIGNED						
SIGNATURE C. 1 Letai Venther-	M.D. 106 W. Maple I'd Limith as Hote Vy 49/58						
PHYSICIAN'S C. 14-1ton Linthicum							
270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, lawn, or county) (Signe)						
BEHOVAL (Specify) Poril 12, 1958 /489 down FRI	las Memitk. Howard Co. Mdi						
23. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
A Laryleton Glen Bulane, 14	DATE APR 1 1 '58 Cilifeduch						

FOULTYN AF ST

8361 17 3

MINISH

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

MARYLAND

LENGTH OF STAY

(in this place)

(Middle)

10b. KIND OF BUSINESS

OR INDUSTRY

16. SOCIAL SECURITY NO.

Reg. Dist. No... 2. USUAL RESIDENCE (HOME) OF DECEASED Maryland COUNTY STATE CITY (if outside corporate timits, write RURAL and give neerest town) Patapsco Park . TOWN STREET (If rural give location) **ADDRESS** 242 Zepolin Avenue 4. DATE (Month) (Day) (Lest) (Yeer) WARREN. DEATH APRIL 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR | LIF UNDER 24 HRS Months Hours June 4, 1890 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT U.S.A. Camden Co., N. C. 14. MOTHER'S MAIDEN NAME Nancy Wilson 17. INFORMANT & ADDRESS Mary Jones - 1709 W. Lexington St. INTERVAL BETWEEN 18. MEDICAL CERTIFICATION DNSET AND DEATH 20. AUTOPSY? YES 🔲 NO [ 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) 21f. HOW DID INJURY OCCUR? withicam M.D. 166 W Maple Kd I NAME OF CEMETERY OR CREMATORY Baltimore Co., Md. Carver Memorial Park

After death. Af 72 hours within registrar by the f <u>\$</u>.9 with I HOSPITAL: The law Implies that the death by the hospital or attending physician. cate be filed completely f TO FUNERAL DIRECTOR: The law requires that the death certificate be certificate has been executed by the attending physician and complet death certificate assembly should be detached for use as a burial transition. 1-55 10M A15C 1

The bottom copy may be retained

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. REC'D BY REGISTRAR

1. PLACE OF DEATH

HOSPITAL OR INSTITUTION OR

(Type or Print)

3. NAME OF DECEASED

Female

13. FATHER'S NAME

Pter

(Yes, no, or unk.)

STREET ADDRESS

(If outside corporete limits, write RURAL OR and give neerest town)
TOWN
TOWN
TOWN

6. COLOR OR

RACE

Peter Wilson

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(If Yas, give wer or detas of service)

DUE TO

Colored

done during most of working life, even if Housewife

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

19a. DATE OF OPERATION

10a, USUAL OCCUPATION (Give kind of work

ELLA

242 Zepplin Avenue

7. SINGLE, MARRIED.

WIDOWED, DIVORCED,

196. MAJOR FINDINGS OF OPERATION

21b. PLACE (Homa, farm, factory,

OF INJURY streat, office bldg., etc.)

Whila

21e. INJURY OCCURRED

Not while at work

(Specify) Waldowed

4-13-58 REGISTRAR'S SIGNATURE

DATE THEREOF

25 FUNERAL DIRECTOR'S SIGNATURE

Charles R. Law 802 Madison Avenue



## may be retained by the hospital or attending physician. TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the Aneral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4137 CERTIFICATE OF DEATH

Reg. Dist. No. ()418()

1	PLACE OF DEATH  O. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Compapalis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL/(If not in hospital, give street address) OR INSTITUTION, WILL - armalel General Hospi	d. SIREET ADDRESS!  B. IS RESIDENCE ON A FARM? YES   NO
L	NAME OF First Middle (Type or print) Jacab M.	7 Lost 4. DATE OF Month 18 Day Year OF DEATH OPSIL 18 1958
	Male White WIDOWED   DIVORCED	B. BATE OF BIRTH  NOV. 15, 1893  9. AGE (In yeors of Under 1 YEAR IF UNDER 24 HRS.)  Months Doys Hours Min.
400	a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- during most of working life, even if retired)	Russia 75A
L	FATHER'S NAME Wilner Wilner	14. MOTHER'S MAIDEN NAME
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)	One Wilginer-179 Prince Georgest me
	IB. CAUSE OF DEATH [Enter only one cause per Jine for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tarlette, and Death
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	thrombosis 7 7,445.
CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO
- B	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port t or Port It of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to for p. m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from dive on 12, 12, and that death SIGNATURE  PHYSICIAN'S EDWARD 5. BECK	The decease of the second of t
1	BURIAL CREMATION, 226. DATE THEREOF S PLANE OF CEMETERY OF SEMENTAL SPEN LY	R CREMATORY 22d LOGATION (City, town, or county) (Store) ereth Israel Rollolo Mary Karl
23	al Lundon 1 242 - 1124-26 W. Ne	outh One DATE APR 2 2 158



4138 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, yesite RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO T NAME OF 4. DATE OF DEATH Middle last Month Year Day **DECEASED** (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthdoy) Months Days Hours Min. WIDOWED N DIVORCED | Tyrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)-12. CITIZEN OF WHAT COUNTRY? during most of working-life, even if retired) oug carbon 13. FATHER'S NAME MOTHER'S MAIDEN NAME physician avom IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per ling-fon (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Mun DUE TO px permit. Conditions, if any, which Bued gave rise to immediate **DUE TO** cause (a), stating the underpuo lying cause lost. burial-transit peen : PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Ficate Ö 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) U3e Hour o. Jt. factory, street, office bldg., etc.) While Not while p. m. at work at work 21. I certify that I attended the deceased from 19 35, that I last saw the deceased oched alive on and that death occurred A.M., from the causes and on the date stated above. det ADDRESS (Street, city or town, stote) DATE SIGNED DIRECT ACTUAL pe prior shauld FUNERAL 22b, DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d\_LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 2 ADDRESS 240. REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

20 30 April

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4192 CERTIFICATE OF DEATH Reg. Dist. No. director, 1. PSACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY Q. STATE 6. COUNTY MARYLAND b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluads d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 100 ON A FARM? YES TO NO TO puo 3. NAME OF DATE First Middle Year Day DECEASED (Type or print) Poges DEATH 19 50 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days complet WIDOWED T papers. yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during monor working life even if retired) puo carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physician поме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT tending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Conditions, if any, which gned gove rise to immediate be **DUE TO** cause (a), stating the underlying couse lost. burial-transit been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) Day, 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office blda., etc.) Hour q. m. While Not while 19 of work at work p. m 21. I certify that I attended the deceased from 19 dethat I last saw the deceased and that death accurred at My from the causes and on the date stated above. ADDRESS (Street, city or town; state) det DATE SIGNED FUNERAL DIRECT **ACTUAL** prior SIGNATURE the registror PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) REMOVAL (Specify) Baltimore Maryland Western Cemetery Buria 23. FUNERAL DIRECTOR'S SIGNATURE
Ellsworth Armacost - 4000

**ADDRESS** 

Liberty Hghts. Ave.

240. REC'D BY REGISTRAR

DATE

APR 2 1

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR

0 VS A15 (4) 15M 10/57

Show CARRAN V. K.

Buri

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